**IDENTIFICATIO**

**REQUEST TO REGISTER AS A PERMANENT PATIENT**

**Registration forms for babies**

**Your NHS number must be on your completed forms – this is a ten digit number**

**Example: 999 999 9999**

**We cannot register you without this number**

**Identification**

Please tick evidence provided:

* Birth certificate will be required once the birth of your baby has been registered. (Red book can be accepted initially).

**Thank you and welcome to Willington Surgery**

 **Office Use Only:**

Accepted by: …………………………………………… Signed: ……………………………………………

Date: ……………………………………………

**Informing patient of Accountable GP: Xab9D Allocated GP: XacWQ**

Identity Verification

Passport Birth Certificate Other

**Welcome to Willington Surgery**

The Willington Surgery Partnership requires this questionnaire to be completed with information about your baby. It is designed to help your doctor provide your baby with good medical care.

Practices are required to provide all their patients with a named accountable General Practitioner who will have overall responsibility for the care and support provided to them by the surgery. **Your named accountable GP is Dr C Cowley**. This does not prevent you from seeing any other GP in the practice.

All information given will be transferred to your medical record and kept strictly confidential.

|  |  |
| --- | --- |
| **Personal Details** | *Please circle the answers that apply* |
| Surname -------------------------------------------------------- | Forenames ---------------------------------------------------- |
| Previous Names ----------------------------------------------- | Date of Birth ---------------------------------------------------- |
| Address -------------------------------------------------------------------------------------------------------------------------------------Postcode ---------------------------------------------------------Home Telephone Number ----------------------------------[ \* ] Mobile Telephone number ---------------------------------[ \* ] Mum’s no [ \* ] Dad’s no [ \* ] Own no [ \* ]**\*** Please tick preferred contact number Please tick if you consent to receiving text reminders |
|  |
| Next of Kin -------------------------------------------------------- Relationship --------------------------------------------------------Address ----------------------------------------------------------------------------------------------------------------------------------------Postcode --------------------------------------------------------- Telephone Number --------------------------------------------------Date of completion of this questionnaire ----------------- |

|  |
| --- |
| ETHNIC ORIGIN QUESTIONNAIRE*Please indicate your ethnic origin. This is not compulsory but may help with your healthcare as some health problems are more common in specific communities. Knowing your origins may help with the early identification of some of these conditions.*Please choose ONE section from A to E, and then tick ONE box to indicate your background |
| A White

|  |  |
| --- | --- |
|  | British |
|  | Irish |
|  | Any other white background : |

 |
| B Mixed

|  |  |
| --- | --- |
|  | White & Black Caribbean |
|  | White & Black African |
|  | White & Asian |
|  | Any other mixed background : |

 |
| C Asian or Asian British

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladesh |
|  | Any other Asian background : |

 |
| D Black or Black British

|  |  |
| --- | --- |
|  | Caribbean |
|  | African |
|  | White & Asian |
|  | Any other Black background : |

 |
| E Chinese or other Ethnic Group

|  |  |
| --- | --- |
|  | Chinese |
|  | Any other : |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Household** |  |  |  |
| Please list the people who are in your household. |
| **Name** | **Age** | **Relationship to you** |
|  |  |  |
|  |  |  |
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|  |
| --- |
| Relations |
| Does the child have a parent not living at your current address? YES NOIf Yes please give details Name: ---------------------------------------------------------------------Address : -----------------------------------------------------------------Contact Details: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Do they have parental responsibility? YES NO |

**IMPORTANT - PLEASE READ**

**Sharing your GP records with others**

**What is the National Data Opt-out?**

The national data opt-out allows patients to choose to stop their confidential patient information from being used for purposes beyond their individual care. The opt-out has been applied by NHS Digital since 25 May 2018 and by 2020 all health and care organisations must apply national data opt-outs in line with the policy. For more information about the national data opt-out see: [https://digital.nhs.uk/national-data-opt-out](http://Link.ict.hscic.gov.uk/l/d1b3c0ec9e214a79a86ae1a493283c09/8FBEB12B/7114EE36/082018n)

**How do GPs record a national data opt-out?**

The national data opt-out cannot be set through GP systems. Anyone registered with the NHS who has an NHS number can register an opt-out online or by calling 0300 303 5678.

When you turn sixteen you can make an informed choice on whether you would like to opt-out by registering online or calling the telephone number above.

**Summary Care Records (SCR)**

The SCRs purpose is to ensure that anyone treating you has basic but important information about you, especially when care is unplanned, urgent or during evenings and weekends. SCRs contain key information such as details of allergies, current prescriptions and bad reactions to medicines.

If you require further information about your choices or have concerns please telephone the NHS Care Records Service Information Line on 0845 603 8510.

When you turn sixteen you can make an informed choice on whether you would like to allow your information to be shared in this way. We will write to you detailing your options on or around your sixteenth birthday.

**Telephone calls**

If speaking to any clinician or member of staff at the surgery please be aware all incoming and outgoing calls are recorded for training and monitoring purposes.

Please sign below to confirm acknowledgement of this process.

Signed ……………………………………………………………… Parent/Guardian