

Welcome to Carepoint Practice

*"Where we provide
Healthcare for the Whole Family"*

We provide a modern and dynamic service for the growing needs of our community. We work uniquely to deliver care that is specifically tailored to manage your health needs on the go. We specialise in same day Tele-clinics to ensure quick initial management of your concerns whilst giving you the convenience of not having to visit the practice. Face-to-Face clinics are also available and bookable online via Patient Access. Please see our Noticeboards or www.carepointpractice.nhs.uk for information about our practice (downloadable brochure online).

New Patients – Child Under 18 Years of Age

Please complete this form in BLACK INK

1. Demographics

These questions have been designed to help your new GP get to know you and your medical problems.

The information you provide will be handled confidentially by your Doctor but if you are concerned about any of the questions please leave them blank. Your doctor will be happy to clarify any points. Please return the completed form to the surgery as soon as possible with your registration form.

Title _____ First Name (s) _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____

Home Tel No: _____ Work Tel No: _____

Mobile Tel No: _____ ☐ I agree to be contacted via text message/email

Email: _____

First Language Spoken: _____

*Place of Birth: _____ *Have you been in the country for more than 5 years **Yes/No**

*If **NO**, please give the date of entry to UK _____

Emergency contact and their telephone number.

Name _____ Relationship _____ Contact No _____

2. Medical History

Ethnic Origin: ☐ White ☐ Black Caribbean ☐ Black African ☐ Black Other
☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
☐ Asian ☐ Other

Please list any SERIOUS illnesses, accidents or operations/admissions to hospital with dates and details. Please also list and present illnesses you may have and/or any ongoing hospital consultations/treatments.

Family History:

| | Y/N | Family Member and Age |
|--|-----|-----------------------|
| Ischaemic Heart Disease <60 | | |
| Ischaemic Heart Disease >60 | | |
| Angina in 1 st Degree Male Relative <55 | | |
| Myocardial Infarct in 1 st Degree Male Relative <55 | | |
| CVA/Stroke | | |
| Hypertension | | |
| Diabetes mellitus | | |
| Kidney Disease | | |
| Asthma | | |

Do you have a learning disability? **Yes/No** If so please give details

Is there any other information that you may think helpful?

3. Immunisation History

We would be grateful if you would complete the dates of your child's immunisations.

*(5 in 1 Imms) = Diphtheria, tetanus, pertussis (whooping cough), polio and (HIB) Haemophilus influenzae.

| | | |
|---|---|-------|
| | 5 In 1 Imms* | Date: |
| Eight Weeks Old | Pneumococcal (13 serotypes) | Date: |
| | Meningococcal group B (MenB) | Date: |
| | Rotavirus gastroenteritis | Date: |
| Twelve Weeks Old | 5 In 1 Imms* | Date: |
| | Rotavirus gastroenteritis | Date: |
| Sixteen Weeks Old | 5 In 1 Imms* | Date: |
| | Pneumococcal (13 serotypes) | Date: |
| | Meningococcal group B (MenB) | Date: |
| One year old (on or after the child's first birthday) | Haemophilus influenzae type b (Hib) and Men C | Date: |
| | Pneumococcal (13 serotypes) | Date: |
| | Measles, mumps and rubella (MMR) | Date: |
| | Meningococcal group B (MenB) | Date: |
| Two to eight years old (including children in reception class and school years 1-4) | Influenza (each year from September) | Date: |
| Three years four months old or soon after | Diphtheria, tetanus, pertussis and polio | Date: |
| | Measles, mumps and rubella (MMR) | Date: |
| Girls aged 12 to 13 years | Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11) | Date: |
| Fourteen years old (school year 9) | Tetanus, diphtheria and polio | Date: |
| | Meningococcal groups A, C, W and Y disease | Date: |

NB: Please provide proof of date when vaccinations were administered.

4. Medication

Are you taking any medication that is **prescribed**. If so please attach proof of current medication (Repeat Prescription or Brief summary from previous GP)

NB: Please note that medications will not be authorised unless proof of medication is attached.

Do you take any other medication on a daily basis that you buy from the chemist i.e. Aspirin? **Yes/No**

Please tell us what you are taking and the dose _____

Are you allergic or sensitive to any medicines/food/animals etc.? _____

5. Electronic Prescription Service (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from. If you want to use EPS ask someone at your GP surgery or at any pharmacy or dispensing appliance contractor that offers EPS to add your nomination for you. Nomination means you **choose** a place for your GP practice to electronically send your prescription to. **You don't need a computer to use EPS.** For more information, please visit our website.

Would you like to set up EPS **Yes/No**

If yes, please provide the name/address of the pharmacy you would like to nominate

Would you like us to nominate you to the closest pharmacy **Yes/No**

6. Online Access

At Carepoint Practice, we aim to offer everyone in our care a high quality service and therefore we have made patient access available to all our patients. This is available through the [Patient.info](#) website and as a mobile app for both Android and iOS devices,

With Patient Access, you can now access our services (mentioned below) at home, work or on the move — wherever you can connect to the internet. What's more, because Patient Access is a 24 hour online service you can do this in your own time, day or night.

- Book an appointment.
- Order repeat prescriptions.
- Change your address details.

Would you like to sign up for Online Access **Yes/No**

If yes, you will be provided an online linkage key. Please visit our website for more information on how to register.

7. Out of Area

If you live more than 1km away from our practice postcode, please be aware that we will no longer be able to visit you if you are unable to attend the practice. This may make it more difficult for you to access medical help when you are not well. It is not the responsibility of the practice to arrange for another doctor to visit you in these circumstances.

Should you still wish to remain registered at the practice under these terms then please complete the section below (child's questionnaire can be completed by parents)

I wish to remain registered at the practice and accept that I will not be able to ask for a home visit at my address and that the practice will not be responsible for arranging this help for me if required

Signed _____

8. Summary Care Records

Request for all clinical data to be **withheld** from the summary care record

What does it mean if I DO NOT have a summary care record?

Health-care staff treating you may not be aware of your current medications in order to treat you safely and effectively. Health-care staff treating you may not be made aware of current conditions and/or diagnoses leading to a delay or missed opportunity for correct treatment. Health-care staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

Questions

If you have any questions or if you wish to discuss your choices or concerns, please telephone the NHS Care Records Service Information Line on 0845 603 8510. If you remain unsure about whether or not to have a SCR please speak to reception.

I DO NOT want to share my clinical data

Please go to www.nhs.uk/your-nhs-data-matters to opt out. The GP practice can no longer opt you out.

Thank you for completing this form and joining Carepoint Practice. Please hand it to the Receptionist at Carepoint Practice who will now start the registration process.

Official Use Only - Staff Checklist

- ☐ 1. Demographics completed?
- ☐ 2. Medical History completed?
- ☐ 3. Immunisation History completed?
- ☐ 4. Medication - proof provided?
- ☐ 5. EPS Nomination completed? PDS Blue
- ☐ 6. Online Access Requested? Please provide online linkage key
- ☐ 7. Patient not within the practice boundary? If not have they signed the disclaimer?
- ☐ 9. Please code all information on emis with "68R2"
- ☐ 10. Health Visitor – Email (cnw-tr.north0-19team@nhs.net) - FYI - New patient registration of child under 5years old): Only if child under 5 years old and registered from another GP

Initials _____

Date _____
