

# SUMMERTOWN GROUP PRACTICE

160 Banbury Road, Oxford, OX2 7BS [www.summertownhealthcentre.co.uk](http://www.summertownhealthcentre.co.uk)  
 Tel: 01865 515552 Fax 01865 311237



For surgery use only
Rec'd by _____
Inform reg GP? _____
EMIS no _____
Reg by _____

## CHILD REGISTRATION QUESTIONNAIRE - PART 2 0 – 16 years old

This information will help us to provide you with the best care until your full medical records are received. Please hand it to the receptionist when completed.

Title and Last Name	
ALL Forenames	Any previous names
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Address	
<b>Parents/Guardians names &amp; addresses</b>	
Mother:	Father:
Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel No:	Parent's Tel Nos (mobile and work)
Present School	
<b>MEDICAL HISTORY</b> Year	<b>Illness/accident/operation (please include physical and nervous conditions and important disabilities)</b>
Is your child under medical care of any sort? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe	
Does your child suffer from any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe	
Does your child take any regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe	



## ETHNIC GROUP DATA COLLECTION - STRICTLY CONFIDENTIAL

The Health Service needs to know the ethnic group of patients for the purpose of planning. This is to make sure that all sectors of the community have equal access to the services provided. Ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family. **It is not the same as nationality.** The information given will be treated in the strictest confidence.

The information is used only by National Health Service Staff and will not be passed on to other agencies, or used for any other purposes.

<input type="checkbox"/> White - British	<input type="checkbox"/> White - Irish	<input type="checkbox"/> Any other White	<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Mixed - White and Black African
<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Black - Caribbean	<input type="checkbox"/> Black - African	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Ethnic Group		<input type="checkbox"/> Do not want to give Ethnic Group		

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

## Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
---	-----------------------------------

## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
-----------------------------	-----------------

## If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

*\*Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient    Signature on behalf of patient   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys    Heart    Liver    Corneas    Lungs    Pancreas    Any part of my body

Signature confirming my agreement to organ/tissue donation   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: \_\_\_\_\_

HA use only   Patient registered for    GMS    CHS    Dispensing    Rural Practice

To be completed by the doctor

Doctors Name HA Code

- I have accepted this patient for general medical services  For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval  
 I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is

*I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.*

Practice Stamp

Authorised Signature

Name Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPPLEMENTARY QUESTIONS**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

**The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**

Please tick one of the following boxes:

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice  
 b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested  
 c)  I do not know my chargeable status



I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

**A parent/guardian should complete the form on behalf of a child under 16.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code: 	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.



## Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.

This information can now be shared electronically via:

1. **The Summary Care Record:** used nationally across England
2. **The Oxfordshire Care Summary:** used locally across Oxfordshire

In both cases, the information will be used **only by authorised health care professionals directly involved in your care**. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

**Please select ONE option in BOTH tables below and complete patient details overleaf.**

<b><i>Your choice for <u>SCR</u></i></b>	<b><i>Please tick <u>one</u> box only</i></b>
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	
I do <b>not</b> want my information shared through the Summary Care Record	

<b><i>Your choice for <u>OCS</u></i></b>	<b><i>Please tick <u>one</u> box only</i></b>
I would like my information shared through the Oxfordshire Care Summary	
I do <b>not</b> want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

<b>Patient details</b>				<b>(please write in CAPITAL LETTERS)</b>	
<b>Title:</b>		<b>Forenames:</b>			
<b>Surname/Family name:</b>					
<b>Address:</b>					
<b>Phone number(s):</b>					
<b>Date of birth:</b>		<b>NHS number (if known):</b>			
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>					
<b>Full name:</b>		<b>Status:</b>			
<b>Signature:</b>		<b>Date:-</b>			

<b>Differences between the Oxfordshire Care Summary and the Summary Care Record</b>		
	<b>Oxfordshire Care Summary</b>	<b>Summary Care Record</b>
<b>Shared</b>	<ul style="list-style-type: none"> <li>• Across Oxfordshire</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Across England</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England</li> </ul>
<b>Information source</b>	<ul style="list-style-type: none"> <li>• GP record</li> <li>• Other medical records held by different NHS organisations in Oxfordshire</li> </ul>	<ul style="list-style-type: none"> <li>• GP record</li> </ul>
<b>Content</b>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> <li>• Your medical history and diagnoses</li> <li>• Test results and X-ray reports</li> <li>• Your vaccination history</li> <li>• General health readings such as blood pressure</li> <li>• Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls</li> <li>• Care / management plans</li> <li>• Correspondence such as referral letters and discharge summaries.</li> </ul>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> </ul> <p><b>**Additional information includes:</b></p> <ul style="list-style-type: none"> <li>- Significant problems (past and present)</li> <li>- Significant procedures (past and present)</li> <li>- Anticipatory care information</li> <li>- End of life care information – as per EOLC dataset ISB 1580</li> <li>- Immunisations</li> </ul> <p>Further information can be added (<b>upon request to your GP</b>)</p>
<b>For more information, visit:</b>	<ul style="list-style-type: none"> <li>• <a href="http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/">http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.nhscarecords.nhs.uk">www.nhscarecords.nhs.uk</a></li> <li>• <a href="http://systems.hscic.gov.uk/scr/gppractices/additional/index.html">http://systems.hscic.gov.uk/scr/gppractices/additional/index.html</a></li> <li>• <a href="http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/">http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/</a></li> </ul>