

# New Patient Information - Under 16



Welcome to The Glebe Practice and thank you for registering your child with us. Please fill in this form as accurately as possible as it will enable us to collect some background information about your child and your family before we receive your medical records from your previous practice (if applicable). Please take advantage of our practice welcome check with the nurse which can be arranged when you submit your registration forms. If you are registering a new baby please make sure you book them in for their baby check with the GP between six and eight weeks old and their first immunisations with the nurse at eight weeks old.

First name..... Middle name.....

Surname..... DOB.....

Ethnicity..... Main spoken language.....

Home telephone number ..... Mobile telephone number.....

Has your child ever had any serious illness or operations?  
.....  
.....  
.....  
.....

Is your child taking any medication?  
.....  
.....

Does your child have any known allergies?  
.....

Please provide any other medical information you think we should know  
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.....  
.....

### Parental Responsibility

To ensure that your child is receiving the safest, most accurate care, please detail who has parental responsibility for them including names and dates of birth for any parent/legal guardian:

Name .....

Relationship to child .....

Date of Birth .....

Name .....

Relationship to child .....

Date of Birth .....

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The Glebe Practice participates in the NHS Shared Care Records scheme whereby we share core clinical data about our patients to A&E and Out-Of-Hours services including information about medication, allergies and any adverse reactions. Additional data can also be shared including diagnoses and care plans if you express consent to this. For more information please speak to your clinician. Patients can opt out of this scheme if they wish, please tick your preference:

Share my core data

Share my core data AND additional information

Opt out

If we don't receive a response we will assume implied consent to share core data

The practice uses an online service, Patient Access, to allow patients to order repeat medications, make routine appointments up to two weeks in advance, view medical records and test results and change contact details. Please ask the receptionist if you wish to register your child for Patient Access.

If your child would like to join our Virtual Patient Participation Group please ask the receptionist for details. This will give them the opportunity to have their say on how our services are delivered.

**Please hand in this form at reception along with your completed GMS1 registration form**