

**Phoenix Health Group**

**Website:** [**https://www.phoenixhealthgroup.co.uk/**](https://www.phoenixhealthgroup.co.uk/)

# New Child (Under 16) Registration Welcome Pack

**Please complete a form for each child registering with the Practice**

**Thank you for choosing to join our Practice**

Inside this pack you will find the following documents:

# (Please make sure all the boxes within the form are completed in full)

1. Patient Registration Questionnaire
2. Health and Lifestyle Information
3. Sharing Your Information
4. Patient Participation Group
5. Parent Signature
6. Registration Form (GMS1)

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| **Our Doctors:-**  At Cirencester, South Cerney, Kemble and the Royal Agricultural University:-  Dr Rohit Sethi, Dr Ali Nichol, Dr Peter Hill, Dr Khalid Al-Khayat, Dr Naomi Vernon, Dr Amy Louise Douglas, Dr Eleanor Curry and Dr Ariadne Strong  At Tetbury:-  Dr Angus McMyn, Dr Rohit Sethi, Dr James Woodward, Dr Sarah Cardew, Dr Emma McMyn, and Dr Eleanor Curry  **Our Surgeries are held at:-**  **PLEASE TICK/CROSS WHICH SURGERY YOU ARE REGISTERING AT:-**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 9 Chesterton Lane  Cirencester | Clarks Hay  South Cerney | Church Lane  Kemble | Royal Agricultural University | 41-43 Long Street Tetbury | |  |  |  |  |  |   **Practice Leaflets are available from each site** |

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| **To registration with our Practice** – Please complete this form along with a “Family doctor services registration form” (GMS1).  If you have been registered with an NHS doctor before please let us have your NHS number. This will help us get your records from your previous surgery. |

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| Full Name : Date of Birth :  **Additional Information**:-  Mother’s surname, if different :  Previous Name, if applicable :  Please list other residents of your home who are already registered with us:  Name Date of Birth |

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| Which School do you attend? |  |

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|  | **Your Ethnic Origin (Please tick one)** | | | |  | | | | | | |
| Black Caribbean/British | Indian / British Indian | | Arabic | White (UK) | | | | | | |
| Black African /British | Pakistani /  British Pakistani | | Chinese | White (Irish) | | | | | | |
| Other Black Background | Bangladeshi /  British Bangladeshi | | Other | White (Other) | | | | | | |
| Other Mixed Background | Other Asian Background | |  | Ethnic Category Refused | | | | | | |
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| **Do you need an Interpreter? Yes/No** | | | |  | | | | | | |
| **If Yes please state language :** | | | |  | | | | | | |
| **Are you registered disabled? Yes/No** | | | |  | | | | | | |
| **Do you need help with mobility/hearing/speaking? (tick all that apply)** | | | |  | | | | | | |
| Wheelchair | Walking aid | | Hearing aid | British sign language | | | | Makaton sign  language | | |
|  | |  |  |  |  |  |
| Lip reading: | Large print: | | Braille | Other. Please state: | | | | | | |
| **Are you currently?** | A Refugee | | An Asylum Seeker |  | | | | | | |
| **Are you an ‘Assistance Dog’ User?** | | Yes | |  | No | | | | | |

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| **Your Medical Background** | | | | | |
| Are there any serious diseases that affect any family member? If yes please tick all that apply below and state family member:- | | | | | |
| Diabetes  State Type 1 or 2:  Who: | Asthma  Who: | Thyroid disorder Who: | | Stroke  Who: | COPD  Who: |
| Heart Attack under age of 60  Who: | Cancer (Specify type)    Who: | High Blood pressure  Who: | | Any other important family Who: illness. Please state: | |
| Do you have any allergies and sensitivities to medicines, food & dressings?  If yes please give details : | | | | Yes/No | |
| Please state any mental disabilities you have: | | | |  | |
| Are you able to administer your own medicines? | | | Yes or No | If no please give details, e.g. swallowing or opening containers: | |
| Have you had any significant illness in the past? Yes/No  If yes please give details:- | | | | | Date of Diagnosis: |
| What operations have you had? | | | | | Date of operation/s: |
| What injuries have you had? | | | | | Date of injury/s |

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| Are you under the care of a hospital specialist at the moment? YES/NO  If Yes please give details:-  Name of Specialist :  Hospital :  Diagnosis : |

**Immunisation History**

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| **Immunisation** | **Date** |
| DTP/Hib/IPV – 1st |  |
| Pneumococcal – 1st |  |
| Rotavirus – 1st |  |
| Meningitis B – 1st |  |
| DTP/Hib/IPV – 2nd |  |
| Meningitis C – 1st |  |
| Rotavirus – 2nd |  |
| DTP/Hib/IPV – 3rd |  |
| Pneumococcal – 2nd |  |
| Meningitis B – 2nd |  |
| Meningitis C – 2nd |  |
| Hib/Men C |  |
| Measles/Mumps/Rubella – 1st |  |
| Pneumococcal – 3rd |  |
| Meningitis B – 3rd |  |
| Measles/Mumps/Rubella – 2nd |  |
| Pre-school booster |  |
| Girls only – HPV – 1st |  |
| Girls only – HPV – 2nd |  |
| Girls only - HPV – 3rd |  |
| Other :- |  |

**Sharing Your Medical Record**

Your patient record will be held securely and confidentially on our electronic system.

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:-

**SCR - NHS SUMMARY CARE RECORD (used nationally across England). This includes basic information, i.e. medications and allergies.**

**SCR with Additional Information can be added, if you are happy to do so. This includes:-**

* **Significant problems (past and present)**
* **Significant procedures (past and present)**
* **Immunisations**

**GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUYI) Used locally to share information with clinicians and Gloucestershire County Council Social Care, where they are involved in your care.**

In all cases, the information will be used **only by authorised healthcare 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.

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project, which has been discontinued.

**Clinical Audit** – Anonymised patient information is compared against national guidelines to ensure that you receive appropriate care and treatment.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP’s decision whether to share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please ask a member of the GP practice staff for details of where to find more information about each of the sharing methods.

If you would rather we didn’t share your data we will put an entry on your record which will prevent your information from being shared.

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| **Differences between the Gloucestershire Shared Record and the Summary Care Records** | | | |
|  | **Gloucestershire shared health and social care information (JUYI)** | **Summary Care Record** |
| **Shared** | * Across Gloucestershire * Across health care settings, including urgent care, community care and outpatient departments * With GPs, and with NHS clinicians employed by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust (Community hospitals and community-based services, such as district nursing), 2gether NHS Foundation Trust (mental health services), South Western Ambulance Service NHS Foundation Trust. * With Gloucestershire County Council social care. | * Across England * Across health care settings, including urgent care, community care and outpatient departments * With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England |
| **Information source** | * GP record * Other medical records held by different NHS organisations in Gloucestershire * Gloucestershire County Council social care | * GP record |

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| **Content** | * Your current medications * Any allergies you have * Any bad reactions you have had to medicines * Your medical history and diagnoses * Test results and X-ray reports * Your vaccination history * General health readings such as blood pressure * Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls * Care / management plans * Correspondence such as referral letters and discharge summaries. | * Your current medications * Any allergies you have * Any bad reactions you have had to medicines |

**Please tick , as appropriate, in order to register your wishes.**

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| **1. Choice for SCR** | **Please tick One Box only** |
| I would like a Summary Care Record with additional information added (See previous page) |  |
| **Or :** I would like my child’s information shared through the Summary Care Record (allergies and current medications) |  |
| I do not want my child’s information shared through the Summary Care Record |  |
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| **2.Choice for Gloucestershire shared health and social care information (JUYI)** | **Please tick One Box only** |
| I would like my child’s information shared through the Gloucestershire shared health and social care information project |  |
| I do not want my child’s information shared through the Gloucestershire shared health and social care information project |  |

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| **Clinical Audit – This anonymised data is used to help identify patients at risk of developing diseases and preventing conditions from becoming more serious.** | **Please tick Box if you don’t want your data shared** |
| I don’t want my child’s anonymised data shared. |  |

If you are happy for your child’s data to be used for health purposes, but would like to opt out of their information being used for research and planning purposes you can find out more and set your opt out choice at <https://www.nhs.uk/your-nhs-data-matters/>.

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| **Signature** | |
| Parent signature: | Name of signatory: |
| Date of signature : |  |

Thank you for completing this form. For more information about the services we offer, please refer to our practice leaflet or see our website:-

**http://www.phoenixhealthgroup.co.uk**

**Please complete AND SIGN the purple form attached**