IRIDIUM MEDICAL PRACTICE

UNDER 5'S PATIENT REGISTRATION FORM

Welcome to Iridium Medical Practice.
Please complete this form with as much detail as possible. The information you provide helps the practice provide better care for you.
Please note that all the information provided on this form is **completely confidential** in the same way your medical records are.

We will need 2 forms of I.D.

Have you provided:

- ☐ **Birth Certificate**
- ☐ **Red Book** - Details of all immunisations and proof of address. If you don't have red book, please provide any immunisation information and records.

Registering time at Iridium Medical Practice:

Monday 9:30-1:30
Tuesday 9:30-1:30
Wednesday 2:00-6:00

Please complete registration pack in full and ensure all correct ID is brought in to practice or this may delay your registration.

Please note that you may not be registered if you live outside the Practice Catchment Area.

GDPR

General Data Protection Regulations came into effect on the 25th May 2018.
This means as a Practice we will ensure compliance with these new regulations. For more information please visit these websites:

http://www.iridiummedicalpractice.nhs.uk/

https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation

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Under 5's Patient Registration Form

Date: ……………………………

PARENTAL/CARER CONSENT

I ……………………………………………………………… **(Name of Parent/Carer)**

I would like to register my child ……………………………………………………….(Name of child).

I can confirm this will be the name my child will be registered with at the registry office.

Signature of Parent/Carer ……………………………………… Date: ………………………………..

Contact details: Parent/Guardian

Mr/Mrs/Miss/Other ___________________________ Relationship to you: ___________________________

Name: ____ Telephone (Home/Mobile): _____________________

Address: ______________________________________ ____

____ Email: ____

____ Is this your emergency contact: Yes / No

____

Student

School Name:

____

Address:

____

____

____

Parent/Guardian consent: Do you consent to Iridium Medical Practice contacting you to remind you about your childs appointment by:

Parents / Guardian Name: ____

☐ Text Message Mobile: ___________________________________

☐ Email Email: _____________________________________

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Do you consent to a Summary Care Record? Yes ☐ No ☐

Summary Care Records include key clinical information (current medication, allergies & adverse reactions) about a patient used by authorised healthcare professionals (A&E, paramedics, etc.) to support patients care and treatment.

Do you consent to Emis Sharing? Yes ☐ No ☐

This is so your medical records are transferred to this practice efficiently.

Is your child registered disabled (under the Equality Act 2010)?

Yes ☐ No ☐

If yes, Please give details: ____

____

You're disabled under the Equality Act 2010 if you have a **physical** or **mental** impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

For safeguarding purposes, are you known to any other agencies?

For example; Social services, palliative care, foster homes, etc.

Yes ☐ No ☐

If yes or other, please give details: ____

____

IRIDIUM MEDICAL PRACTICE

Date:

…………………………………………..

Under 5's New to GP Practice Form

One form per child

Parent/Guardian Name: ____

Address: ____

____

____ **Postcode:** _______________________

Home Telephone Number: _____________________ **Mobile Number:** ________________________

Email Address: ____

CHILD NAME	DATE OF BIRTH	SCHOOL/NURSERY

Previous GP (Name & Address):____

____

____ **Postcode:** _______________________

Previous Address (if different from above): ____

____

____ **Postcode:** _______________________

Previous School:____

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED YOUR CHILDS REGISTRATION WILL NOT BE PROCESSED. THIS IS A LEGAL REQUIREMENT AS PER NHS ENGLAND.

FOR PRACTICE USE ONLY

Please take a copy of this form and **scan** to patients notes.

Original document is to be put in **Health Visitors box.**

Taken by: ______________________________________ Date: _____________________

IRIDIUM MEDICAL PRACTICE

What is your first language? ______________________________

Can you comfortably have a conversation in English? Yes No ☐

Interpreter Required? Yes ☐ No ☐

Please circle your ethnicity:

White

- 1. English / Welsh / Scottish / Northern Irish / British
- 2. Irish
- 3. Gypsy or Irish Traveller
- 4. Any other White background, please describe

____

Mixed / Multiple ethnic groups

- 5. White and Black Caribbean
- 6. White and Black African
- 7. White and Asian
- 8. Any other Mixed / Multiple ethnic background, please describe

____

Asian / Asian British

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background, please describe

____

Black / African / Caribbean / Black British

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background, please describe

____

Other ethnic group

- 17. Arab
- 18. Any other ethnic group, please describe

____

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Screening Questionnaire for Latent Tuberculosis Infection

Please circle your answer:

1.	Are you aged between 16 years and 35 years old?	YES	NO
2.	Did you enter the UK within the last 5 years?	YES	NO
3.	Were you **born in**, or have you **spent more than 6 months living** in one of the countries listed below **in the last 5 years**?	YES	NO

If you answer <u>YES to ALL three questions above</u> please contact your GP Practice to arrange a FREE blood test to check for latent TB. Please take this letter with you.

Please circle the high TB risk country of birth, or spent more than 6 months living in the last 5 years:

Afghanistan	Equatorial Guinea	Malawi	Seychelles
Angola	Eritrea	Marshall Islands	Sierra Leone
Bangladesh	Mali	Mauritania	Somalia
Benin	Ethiopia	Mauritius	South Africa
Bhutan	Gabon	Micronesia	South Sudan
Botswana	Gambia	Mongolia	Swaziland
Burkina Faso	Ghana	Mozambique	Timor-Leste
Burundi	Greenland	Myanmar (Burma)	Togo
Cote d’Ivoire	Guinea	Namibia	Tuvalu
Cabo Verde	Guinea Bissau	Nepal	Uganda
Cambodia	Haiti	Niger	UR Tanzania
Cameroon	India	Nigeria	Zambia
Central African Rep	Indonesia	Pakistan	Zimbabwe
Chad	Kenya	Papua New Guinea	
Comoros	Kiribati	Philippines	
Congo	Laos PDR	Republic of Moldova	
DRP Korea	Lesotho	Rwanda	
DR Congo	Liberia	Sao Tome & Princip	
Djibouti	Madagascar	Senegal	