highgrove

surgery

Barking Community Hospital
Upney Lane
Barking
Essex
IG11 9LX
Tel: 020 3817 4117
Fax: 0871 221 4262

UNDER 14 NEW PATIENT REGISTRATION FORM

Personal Details

Surname

First Names

Date of Birth

Parent/guardian

Home phone

Mobile phone

e-mail

Medical Details

Please list any drugs or food your Child is allergic to

Does your child suffer from any serious condition?

If your child currently takes any regular medication please bring a list with you – ideally a printout from your previous GP or the right hand side of a previous prescription

Immunisations

CHILDREN UNDER THE AGE OF 6:

If you have the child's developmental check book (Red Book or Blue Book) or any other official document confirming any childhood vaccinations, please bring it with you when you attend for your registration and hand it to the nurse to record the immunisations onto our clinical system!

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RECORD SHARING CONSENT / DISSENT FORM

1. **Record Sharing of patient identifiable data with the Health & Social Care Information Centre and secondary use.**

   I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

   I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

2. **Record Sharing of patient identifiable data with secondary care or other providers my GP practice refers me to**

   I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

   I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

   Record Sharing of patient identifiable data from other care settings where I am being treated with my own GP practice

   I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

   I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

3. **Record upload to the Summary Care Record**

   I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

   I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY ☐

I have received sufficient information to make an informed choice about the above and confirm that this is my own choice and I have not been forced or persuaded by any person to answer in a specific way.

First Name _____ Surname _____

Date of Birth _____

Signature _____ Date _____