



Child Registration Form (under 16 YEARS OF AGE)

<input type="checkbox"/> Belmont Hill Surgery	<input type="checkbox"/> Brockley Road Surgery	<input type="checkbox"/> Hilly Fields Medical Centre
<input type="checkbox"/> Honor Oak Group Practice	<input type="checkbox"/> Morden Hill Surgery	<input type="checkbox"/> St Johns Medical Centre

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS

TITLE _____ FORENAME/S _____ SURNAME _____
Mr/Miss/Mx

PREVIOUS SURNAME _____
(if applicable)

ADDRESS _____
 _____ POSTCODE _____

SEX MALE / FEMALE (please circle as appropriate) DATE OF BIRTH _____

HOME TELEPHONE NUMBER AND MOBILE _____

EMAIL ADDRESS _____

PLACE AND BOROUGH OF BIRTH _____ NHS NUMBER _____

FIRST LANGUAGE _____

ETHNIC ORIGIN (Please tick one box)

White:	British	Irish	Any other White Background	
Mixed:	White and Black Caribbean	White and Asian	White and Black African	Any other mixed background
Asian or British Asian	Indian	Pakistani	Bangladeshi	Any other Asian Background
Black or Black British	Caribbean	African	Any other Black background	
Other ethnic categories:	Chinese	Any other ethnic category	Prefer not to state	

DATE YOU FIRST CAME TO LIVE IN THE UK _____
(if applicable)

PREVIOUS ADDRESS _____
(last UK address where you were registered with a GP)
 _____ POSTCODE _____

NAME OF PREVIOUS GP _____

ADDRESS OF PREVIOUS GP _____
 _____ POSTCODE _____

NAME AND ADDRESS OF SCHOOL/NURSERY _____

WHO HAS LEGAL PARENTAL RESPONSIBILITY? **A)** _____ **B)** _____

IS **A** OR **B** REGISTERED WITH THE PRACTICE? YES/NO



The Lewisham Care Partnership

IMMUNISATION DETAILS FOR CHILDREN UNDER 6 YEARS OLD

PLEASE HAND YOUR CHILDS RED BOOK TO RECEPTION SO THEY CAN PHOTOCOPY THE RELEVANT PAGES

FAMILY DETAILS

FAMILY MEMBERS LIVING AT YOUR ADDRESS (INCLUDING YOURSELF)

SURNAME	FORENAMES	DATE OF BIRTH	RELATIONSHIP TO YOU e.g. aunt, son, daughter
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL OTHER PEOPLE LIVING AT YOUR ADDRESS (IF NONE WRITE "NONE")

_____	_____	_____
_____	_____	_____
_____	_____	_____

NOMINATED PHARMACY.

Please give the name/address of the selected pharmacy or chemist where you wish prescriptions to be sent to.

.....

.....

APPOINTMENT REMINDER BY TEXT

The practice may wish to contact you/your child by SMS Texting to remind you about a forthcoming appointment and/or health campaigns like flu, immunisations (only if you are eligible).

I agree to the practice communicating with me by Short Messaging Service (SMS or Text)

please tick

PERSON REGISTERING CHILD:

NAME (BLOCK CAPITAL LETTERS PLEASE) _____

RELATIONSHIP TO CHILD _____ PARENTAL RESPONSIBILITY YES/NO

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Staff use only:

Staff Initials.....

Date:.....

Child birth certificate seen/copied YES/NO

Proof of parental responsibility/custody seen YES/NO



The Lewisham Care Partnership

The Accessible Information Standard aims to ensure that patients (or their carers) who have a disability or sensory loss can receive, access and understand information, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

This applies to patients and their carers who have information and / or communication needs relating to a disability, impairment or sensory loss. It also applies to parents and carers of patients who have such information and / or communication needs, where appropriate.

Individuals most likely to be affected by the Standard include people who are blind or deaf, who have some hearing and / or visual loss, people who are deaf blind and people with a learning disability. However, this list is not exhaustive.

- Do you have communication needs? Yes No
- Do you need a format other than standard print? Yes No
- Do you have any special communication requirements? Yes No
- How do you prefer to be contacted?
- Can you explain what support would be helpful?
- What is the best way to send you information?
- What communication support could we provide for you?

Name: Date of birth:

If you have a carer do they need communication assistance? Yes No

If 'Yes' what is your Main Carer's name:

Do you consent to the practice contacting your main carer regarding your care? Yes No

What is the best way to contact them?

Signed:

Date:

Please post or hand this form in to the surgery – thank you.



The Lewisham Care Partnership

GMS1 - 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.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

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 <u>non-UK</u> 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: <input type="text"/>		
	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	(b) To:

Please tick if you have an S1 (eg. 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.