



What medical problems are there in your **family's history**?
Mother's side - family history **Father's side - family history**

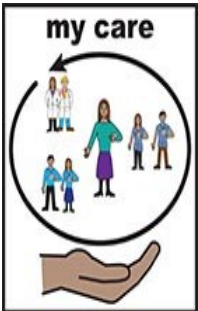
Are you a young carer for anyone?



Do you **or your parents** need help with **seeing things clearly** or **hearing things** when bring you to the surgery ?

And/or

When we send you letters, do they need to be in **large print** ? Yes/no



Other than the staff at the doctors surgery, what other health Professionals, Consultants, Social Workers or people from social care do you have involved with your care?

Summary Care Record:

The summary care record is an electronic summary of ONLY your medications, allergies and any bad reactions that you have had. This information is used to treat patients safely in an emergency by allowing hospital staff who are treating an emergency patient to access to the summary record. It does not contain any details of any medical conditions, test results, consultations or conversations.

If you are happy for a summary to be uploaded securely to the computer system where emergency services can access them, you need take no action as all patient records are uploaded automatically unless a patient 'opts out' by ticking below.

To opt out. If you would NOT like your medical record to be available as a summary care record for the emergency services, please tick here.

To see other ways that patient information is used and how we keep patient data secure, please see our website: <https://www.leighviewmedical.co.uk/about/patient-data/your-medical-record/>

LEIGH VIEW MEDICAL PRACTICE

Tel: 0113 253 7628

WE ARE ACCEPTING NEW PATIENTS

This is the new patient registration form for children 0-15 years old












Things to bring in with this form :


- Each child need to be present at the surgery at the time of submission of their registration forms, for their identity to be verified.
- At least one parent/guardian MUST be registered at the same GP practice as the child.
- The purple **GMS1 form** - which asks for details of previous practice.
- Check that this new patient form is **fully completed**; blank spaces will need to be returned to the patient to complete before being registered.
- Proof of Identity / Address:** No one shall be refused registration because they don't have a proof of address or ID to hand, **however** an alert will be added and this will be required to fully complete the registrations process.
 - Proof of ID** - e.g. birth certificate, red book (if under 5)
 - Proof of parents' address** (dated within last 3 months) - e.g. utility bill, landline phone bill, tenancy agreement, council tax bill, bank statement. Mobile phone bills are not allowed.
- Would the patient like to also be given **access to online** appointments & online repeat prescription ordering?. If this is ticked, this paperwork will be prepared and should be collected by the patient from Reception 1 week after handing this form in.
- Would the patient like to order 3 months worth of their repeat prescription now? n.b. This is not available for controlled drugs or new medication.
 - If yes, all requests must be in writing and allow atleast 48 hours.
 - The patient should wait 1 week for their registration to be complete and then call to book a ROUTINE review with a GP towards the end of the 3 months.

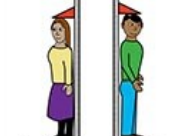

Which colleague checked and received this form:


Date received:

Please check the practice boundary covers your address BEFORE completing any forms!

<p>my name</p> 	<p>What is your full name and title?</p> <p>First:</p> <p>Middle:</p> <p>Last:</p>	<p>date of birth</p> 	<p>What is your date of birth?</p> <p>Date:</p> <p>Month:</p> <p>Year:</p>
<p>home</p> 	<p>What is your full address and postcode?</p>		
<p>phone number</p> 	<ul style="list-style-type: none"> • Mobile phone number of parent: • Mobile number of child (where relevant): <p>n.b. When the child reaches 16 they may prefer to update the mobile number to their own, (if they haven't already) so that they receive appointment reminders themselves, instead of their parents.</p>		
<p>ethnicity</p> 	<p>What is your ethnicity? <i>e.g. White British/Chinese</i></p> <p>What is your MAIN language? <i>e.g. English / Polish</i></p>	<p>interpreter</p> 	<p>When attending appointments will you/your parent need an interpreter? Yes/No</p>
<p>healthy and well</p> 	<p>What diagnosed medical conditions do you have?</p>	<p>allergies</p> 	<p>Have you ever had any allergies or sensitivities? Yes/no</p> <p>If yes: please list</p>
<p>prescription</p> 	<p>What medication do you take? (Please list or attach a print out.)</p> <p><i>Patients MUST request repeat prescriptions in writing ATLEAST 48 hours in advance, and allow longer if it is not already on the repeat list.</i></p> <p>Telephone ordering is NOT available under any circumstances.</p>		

<p>family</p> 	<p>Who lives with you? (their names please) Mum/ Dad's names</p> <p>Other children's names (Please include ages):</p> <p>Other members of the household:</p>
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<p>height</p> 	<p>What is your height?</p>	<p>weight</p> 	<p>What is your weight?</p>
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<p>IMMUNISATION</p> 	<p>What immunisations have you had? (please tick the list below)</p>
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0-15 years old

Here's a checklist of the vaccines that are routinely offered to everyone in the UK free of charge on the NHS and the ages at which they should ideally be given.

- 8 weeks**
- [6-in-1 vaccine](#), given as a single jab containing vaccines to protect against six separate diseases: diphtheria; tetanus; whooping cough (pertussis); polio; Haemophilus influenzae type b, known as Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children; and hepatitis B
 - [Pneumococcal \(PCV\) vaccine](#)
 - [Rotavirus vaccine](#)
 - [MenB vaccine](#)
- 12 weeks**
- [6-in-1 vaccine](#), second dose
 - [Rotavirus vaccine](#), second dose
- 16 weeks**
- [6-in-1 vaccine](#), third dose
 - [Pneumococcal \(PCV\) vaccine](#), second dose
 - [MenB vaccine](#) second dose
- One year**
- [Hib/MenC vaccine](#), given as a single jab containing vaccines against meningitis C (first dose) & Hib (4th dose)
 - [Measles, mumps and rubella \(MMR\) vaccine](#), given as a single jab
 - [Pneumococcal \(PCV\) vaccine](#), third dose [MenB vaccine](#), third dose
- 2-8 years (including children in reception class and school years 1 to 4)**
- [Children's flu vaccine](#) (annual)
- 3 years and 4 months**
- [Measles, mumps and rubella \(MMR\) vaccine](#), second dose
 - [4-in-1 pre-school booster](#), given as a single jab containing vaccines against: diphtheria, tetanus, whooping cough (pertussis) and polio
- 12-13 years (girls only)**
- [HPV vaccine](#), which protects against cervical cancer – two injections given 6-12 months apart
- 14 years**
- [3-in-1 teenage booster](#), given as a single jab containing vaccines against diphtheria, tetanus and polio
 - [MenACWY vaccine](#), given as a single jab containing vaccines against meningitis A, C, W and Y