



**The Abingdon Surgery, 65 Stert Street, Abingdon, OX14 3LB**

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**CHILD REGISTRATION FORM**

*Please complete as many questions as you can about your child. The information will help the practice to provide better care for your family.*

Today's Date.....

Child's first name..... Child's surname.....

Date of birth..... Place of birth.....

Birth weight..... Parent's surname.....

Address.....

Tel. number..... Mobile number.....

Previous address.....

Name and address of previous GP.....

Current School.....

**MEDICATION**

Is your child on any regular medication? Yes/No

*If yes, please give details.....*

**ALLERGIES**

Is your child allergic to any drugs? Yes/No

*If yes, please give details.....*

Does your child suffer from any allergies? Yes/No

*If yes, please give details .....*

**SPECIAL NEEDS**

Does your child have any hearing/eyesight problems? Yes/No

If yes, please give details.....

Does your child have any special educational needs? Yes/No

If yes, please give details.....

**HOSPITAL WAITING LISTS**

Is your child on a hospital waiting list awaiting treatment? Yes/No

If yes, please give details: Hospital.....

Consultant..... Treatment.....

Date on waiting list – please give an approximate date if you do not have an exact one.....

**MEDICAL HISTORY**

Were there any complications in the birth of your child? Yes/No

If yes, please give details.....

Has your child had any serious illnesses/accidents/admissions to hospital? Yes/No

If yes, please give details.....

**IS THERE ANY FAMILY HISTORY (PARENTS, BROTHERS, SISTERS) OF FITS OR EPILEPSY?** Yes/No

If yes, please give details.....

Has your child had any of the following? Please tick and give an approximate date.

	Tick	Date		Tick	Date
Asthma			Measles		
Chicken Pox			Mumps		
Fits			Whooping Cough		
German Measles					

**IMMUNISATIONS/VACCINATIONS** (please enter details below)

	GP (GP), Health Clinic (HC) or Private (P)?	Date
BCG		
1 <sup>st</sup> Diphtheria/Pertussis/Tetanus/Polio/Hib – PCV – Men B - Rotarix (8 weeks)		
2 <sup>nd</sup> Diphtheria/Pertussis/Tetanus/Polio/Hib – Rotarix (12 weeks)		

3rd Diphtheria/Pertussis/Tetanus/Polio/Hib – PCV – Men B (16 weeks)		
Men C/Hib (Menitorix) – MMR – PCV – Men B (12-13 months)		
Pre-school booster (Diphtheria/Tetanus + Polio) 2 <sup>nd</sup> MMR ( x 2)		

*Office Use Only:*

*Height*

*Weight*

*BP*

*Urine*

*MOT appointment*



## Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are *NOT CONNECTED* with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used *only* for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.

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:

1. The Summary Care Record: used nationally across England
2. The Oxfordshire Care Summary: used locally across Oxfordshire

In both cases, the information will be used *only by authorised health care 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.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select **ONE** option in **BOTH** tables below and complete patient details overleaf.

<i>Your choice for <u>SCR</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Summary Care Record	
I do <i>not</i> want my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	

<i>Your choice for <u>OCS</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Oxfordshire Care Summary	
I do <i>not</i> want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

<i>Patient details</i> (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known):	
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

<i>Differences between the Oxfordshire Care Summary and the Summary Care Record</i>		
	Oxfordshire Care Summary	Summary Care Record
Shared	<ul style="list-style-type: none"> <li>• Across Oxfordshire</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Across England</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England</li> </ul>
Information source	<ul style="list-style-type: none"> <li>• GP record</li> <li>• Other medical records held by different NHS organisations in Oxfordshire</li> </ul>	<ul style="list-style-type: none"> <li>• GP record</li> </ul>
Content	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> <li>• Your medical history and diagnoses</li> <li>• Test results and X-ray reports</li> <li>• Your vaccination history</li> <li>• General health readings such as blood pressure</li> <li>• Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls</li> <li>• Care / management plans</li> <li>• Correspondence such as referral letters and discharge summaries.</li> </ul>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> </ul> <p><b>**Additional information includes:</b></p> <ul style="list-style-type: none"> <li>- Significant problems (past and present)</li> <li>- Significant procedures (past and present)</li> <li>- Anticipatory care information</li> <li>- End of life care information – as per EOLC dataset ISB 1580</li> <li>- Immunisations</li> </ul> <p>Further information can be added (upon request to your GP)</p>
For more information, visit:	<ul style="list-style-type: none"> <li>• <a href="http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/">http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.nhs.org/summary-care-records">www.nhs.org/summary-care-records</a></li> <li>• <a href="http://systems.hscic.gov.uk/scr/gppractices/additional/index.html">http://systems.hscic.gov.uk/scr/gppractices/additional/index.html</a></li> <li>• <a href="http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/">http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/</a></li> </ul>