**Nexus Health Group New child patient registration form**

**Please check the box of the Nexus practice you would like to register with:**

|  |  |
| --- | --- |
| Artesian Health Centre |  |
| Aylesbury Medical Centre |  |
| Commercial Way Surgery |  |
| Decima Street Surgery |  |
| Dun Cow Surgery |  |
| Manor Place Surgery |  |
| Princess Street Practice |  |
| Sir John Kirk Close Surgery |  |
| Surrey Docks Health Centre |  |

1. **To be completed by the person registering the child:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.2** | Your name |  | |
| **1.3** | Your address |  | |
| **1.4** | Your telephone number |  | |
| **1.5** | Your email address |  | |
| **1.6** | What is your relationship to the child? |  | |
| **1.7** | If you are not the parent, are you able to provide details of the child’s parent(s)? |  | |
| **1.8** | Are you an existing Nexus Health Group patient? | Yes | No |

1. **Personal details of the child:**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.0** | Child’s title | Ms  Miss  Mr  Mx  Other | |
| **2.1** | Childs last name |  | |
| **2.2** | Childs first name(s) |  | |
| **2.3** | Childs sex at brith  Female Male | Childs gender: Female Male Transgender  Non-binary  Intersex  Prefer not to say | |
| **2.3** | Date of birth |  | |
| **2.4** | Childs NHS number |  | |
| **2.5** | Address of child |  | |
| **2.6** | Who does this child live with (e.g. mum, dad, others)? |  | |
| **2.7** | Does this child have a social worker? | Yes | No |
|  | If yes, please provide the contact details. |  | |
| **2.8** | Who is the emergency contact for the child? |  | |
| **2.9** | What is the name of your childs nursery or school? |  | |
| **Immunisations** play a crucial role in keeping children healthy. We want to ensure your child is up to date with their immunisations according to the UK schedule. Please can you bring in your child’s **red book** or **immunisation record** and give to the reception team. | | | | |

|  |  |
| --- | --- |
| **2.10** | Please tell us any significant medical history of this child: |
|  |  |
| **2.11** | Please tell us any medication this child is currently taking: |
|  |  |
| **2.12** | Please tell us here about any allergies this child has: |
|  |  |

|  |  |  |
| --- | --- | --- |
| **2.13** | What is the childs prevoius address? | What is the name and address of the childs previous GP? |
|  |  |

1. **Family history:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family history**  Please record any significant family history of close relatives with medical problems in the table below and confirm which relative e.g. mother, father, brother, sister, aunt, uncle, grandparent. | | | |
| **Is the following in your family?** | | | **Which family member has this illness?** |
| Asthma | Yes | No |  |
| Chronic Respiratory disease | Yes | No |  |
| Ischaemic Heart Disease (IHD) | Yes | No |  |
| Hypercholesterolemia | Yes | No |  |
| Diabetes Mellitus Type 1 | Yes | No |  |
| Stroke | Yes | No |  |

1. **Prescriptions:**

|  |  |  |
| --- | --- | --- |
| **Prescriptions**  Your child will be registered for the electronic prescription service (EPS). All prescriptions will be sent electronically to the pharmacy for collection. | | |
| Do you consent to your child being registered for EPS? | Yes | No |
| Your preferred pharmacy for your child’s prescriptions | Yes | No |

1. **Communicating with you about this child:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sharing the child’s health record** | | | |
| Do you consent to Nexus sharing this child’s health record with other organisations that care for this child? | **Yes** | | **No** |
| **Summary Care record:**  A summary care record (SCR) is an electronic summary of key health information. It will hold limited essential information derived initially from your GP record.This will include medication, adverse reactions and allergies. If you wish to know more regarding the system and the benefits, please visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or call 0845 603 8510. | | | |
| Would you like to opt your child into the SCR? | **Yes** | **No** | |

|  |  |  |
| --- | --- | --- |
| Can we contact you via text message about this child? | **Yes** | **No** |
| Can we contact you via email about this child? | **Yes** | **No** |

|  |
| --- |
| Is there anything else you would like us to know about the child you are registering? |
|  |

Thank you - please email your completed form to [nexus.recordsmanagement@nhs.net](mailto:nexus.recordsmanagement@nhs.net)