



Long Lane Surgery

Beacon House, Long Lane, Coalville, LE67 4DR

Child (<16) Registration Form

- This form should be completed and returned to the Practice as soon as possible so that your child can be registered for medical care.
- Please ensure you bring a copy of your Child's Immunisation Record (RED BOOK in ENGLAND). We may not be able to accept this registration form without it.**
- Take a note of your child's Accountable GP.**

We are now required to provide all of our newly registered patients information on who their named GP. Dr **Mayes.** will have overall responsibility for your child's care and support that our surgery provides. This does not prevent seeing any GP in the practice. You do not need to take any further action, but if you have any questions, please ask our reception team for further information.

Please complete all areas in CAPITAL LETTERS and tick the appropriate boxes. Fields marked with an asterix (*) are mandatory.

- *Title
- *Surname
- *Forename
- *Any previous surname(s)
- *Date of Birth
- *Male Female
- *NHS No.
- *Home address
- *Town and country of birth
- *Home telephone No.
- *Mobile No. (if you have one)

MOTHER'S FULL NAME (if applicable) :

FATHER'S FULL NAME (if applicable) :

PARENT'S PHONE NOS:

Mother : Home **Father :** Home

Mobile Mobile

Other Carer : Home.....Mobile

(if other carer, please state relationship to Child).....

*** Previous address**

***Name of previous doctor while at that address:**

If you are from abroad

*Your first UK address where you registered with a GP if you were previously living abroad	*If previously a resident in the UK, date of leaving
*Date you first came to live in the UK if applicable	

*Do you consent to share information about care your child has received in different NHS organisations for approved research and with organisations outside of the NHS? (Care.Data) Yes / No
*Do you consent to consent to share your child's records with other Healthcare professionals (Health Visitors, Community Health Nurses etc) on system1? (Electronic Data Sharing Module) Yes / No
*Do you consent to your child's summary care record being shared (A Summary Care record is information on any medicines you are taking or allergies you have. This information is currently available to authorised emergency health care staff providing your child's care) Yes / No

Any Known Allergies.....

Any Known Medical Problems.....

ETHNIC ORIGIN OF Child : (please v as appropriate)

Black White Asian Chinese Other (please specify)

FIRST LANGUAGE: (please specify) _ _ _ _ _

Is this Child a looked after child or subject to a child protection plan?

No Yes (please provide details):.....
Including details of Social Worker.....