

NEW PATIENT REGISTRATION FOR CHILD UP TO 6 YEARS

Name:	Date of Birth:
Ethnicity (please see attached form to help):	Parental Contact
Height:	Name
Weight:	Address:
	Telephone:

CHILDHOOD IMMUNISATIONS

	YES	NO
Do you think that your child's vaccinations are up to date		

If NO, which ones do you think maybe missing?

MEDICAL PROBLEMS -Please list any medical problems or operations that your child has had.

Date	Medical problem/Operation

IS YOUR CHILD TAKING ANY MEDICATION? IF YES PLEASE LIST BELOW – If you have a repeat prescription slip from your previous medical practice, please attach it to this form.

Name of drug	How many times each day is the drug taken?	Dose of drug

ALLERGIES

	YES	NO
Does your child have any allergies?		

If YES, please list

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Signature of parent/guardian	Date
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ETHNICITY FORM – READ Coding template.

NAME: _____

DATE OF BIRTH: _____

What is your **ethnic group**? (Tick **ONE** box which best describes your child's ethnic group)

A. WHITE

- | | | |
|--------------------------|--------------------------|------|
| <input type="checkbox"/> | Scottish | 9S13 |
| <input type="checkbox"/> | Other British | 9S10 |
| <input type="checkbox"/> | Irish | 9S11 |
| <input type="checkbox"/> | Gypsy / Traveller | 9T2 |
| <input type="checkbox"/> | Polish | 9i2F |
| <input type="checkbox"/> | Other white ethnic group | 9S12 |

B. MIXED OR MULTIPLE ETHNIC GROUPS

- | | | |
|--------------------------|-------------------------------------|-----|
| <input type="checkbox"/> | Any mixed or multiple ethnic groups | 9SB |
|--------------------------|-------------------------------------|-----|

C. OTHER NATIONALITIES

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Pakistani, Pakistani Scottish or Pakistani British | 9S7 |
| <input type="checkbox"/> | Indian, Indian Scottish, or Indian British | 9S6 |
| <input type="checkbox"/> | Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 9S8 |
| <input type="checkbox"/> | Chinese, Chinese Scottish, or Chinese British | 9S9 |
| <input type="checkbox"/> | Other Asian, Asian Scottish, or Asian British | 9SH |
| <input type="checkbox"/> | African, African Scottish, or African British | 9S3 |
| <input type="checkbox"/> | Other African | 9SA |
| <input type="checkbox"/> | Caribbean, Caribbean Scottish or Caribbean British | 9S2 |
| <input type="checkbox"/> | Black, Black Scottish, or Black British | 9S41 |
| <input type="checkbox"/> | Other Caribbean or Black | 9SG |
| <input type="checkbox"/> | Arab, Arab Scottish, or Arab British | 9iF9 |
| <input type="checkbox"/> | Other ethnic group | 9SJ |

BARBAUCLAW MEDICAL PRACTICE

HV REGISTRATION INFORMATION

Family Name

Mum's Name

Dad's Name

Child's Name DOB _____

Child's Name DOB _____

Child's Name DOB _____

Child's Name DOB _____

Child's Name DOB _____

Child's Name DOB _____

Address

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Prev Address

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GP Address

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Online Services - Patient registration form

If you would like to register for online services with Barbauchlaw Medical Practice, please complete the form below and return it in person, **along with a valid form of identification, for example photo ID or your passport.** Once you are registered the practice will give you the information that will enable you to create a username and password. Please allow up to 3 working days to be registered. **By signing this document you have read and agreed to the [terms and conditions](#) for this service.**

Patient details	Please complete in BLOCK CAPITALS
Patient forename	<input type="text"/>
Patient surname	<input type="text"/>
Date of birth	D D / M M / Y Y Y Y
Email address	<input type="text"/>
Shared email address -	<p>If you are sharing your email address with other people, Barbauchlaw Medical Practice cannot protect any information you provide against access from the other users of your email address, nor can Barbauchlaw Medical Practice prevent other users of your email address from viewing or receiving emails from the Practice intended for you.</p> <p>Barbauchlaw Medical Practice will deactivate online access for any child sharing an email address with a parent or another person when they reach the age of 16yrs. They should then re-register for online services using an email address of their own.</p> <p>Once you are registered you will receive a token ID code which you should use to access your online account.</p> <p>How would you like to receive this? (Please circle) EMAIL/ PHONE CALL/ POST</p>
Mobile number	<input type="text"/>
Signature	<input type="text"/>
Date	D D / M M / Y Y Y Y
Completing the form on behalf of the patient?	
Print forename	<input type="text"/>
Print surname	<input type="text"/>
Relationship to patient	<input type="text"/>
Signature	<input type="text"/>
Date	D D / M M / Y Y Y Y

--

Staff use only	
Patient ID seen	<input type="text"/>
Type of ID	<input type="text"/>
Staff name	<input type="text"/>
Date	D D / M M / Y Y Y Y Code #91B

Terms and Conditions for online services

We offer an online service for our patients **so you can** order your repeat prescriptions online at your convenience.

Passwords

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should contact the surgery immediately. Your account will be inactivated, and you will be required to set up a new account with new login details.

Shared Email Address

We strongly advise against the sharing of email addresses between friends and family members. We recommend that for online access, each family member **16yrs and over has** an individual email address registered with the practice.

Should you choose to register for online services with a shared email address, you must be aware that Barbauchlaw Medical Practice cannot protect any information you provide against access from the other users of your email address, nor can Barbauchlaw Medical Practice prevent other users of your email address from viewing or receiving emails from the practice intended for you.

Children and patients with incapacity

Children under 16yrs and patients with incapacity can be registered with a parent's or guardian's email address. Barbauchlaw Medical Practice will deactivate online access for any child sharing an email address with a parent or another person when they reach the age of 16yrs at the latest. They can then re-register for online services with the surgery using an email address of their own.

Abuse of the System

The practice reserves the right to remove online service access for anyone that does not use it responsibly. This includes continued non-attendance of booked appointments.

Contact

If you forget your password or have any questions, please contact reception on 01501 730432.