

Bridge Cottage Surgery - New Patient Registration Form - UNDER 16s

Full Name: _____

Address: _____

Postcode: _____ *Essential*

Date of Birth: _____

Gender: _____

Telephone Number: _____

Mobile: _____

Email: _____

Health Questions

Do you have any allergies?

Please state

How much do you weigh?

How tall are you?

Have you had or do you have any of the following conditions?

		Details
Heart Attack		
Angina		
Stroke		
Diabetes		
Epilepsy		
Heart Disease		
Cancer		
Asthma		

		Details
Hypothyroidism		
COPD		
Hypertension		
Kidney Disease		
Disability		
Other		
Mental Health		
Condition		

Is there family history of any of the conditions mentioned above? If yes, please provide some details

Please list your child's medications, with doses & times below or attach a copy of your prescription

Please note - in order to complete the registration process, you may be invited to make an appointment with one of the doctors or nurses. This may be because you take multiple medications or have a condition mentioned above that may require regular monitoring.

Next of Kin/Emergency Contact - In the event of an emergency

Next of Kin: NAME: _____

Relationship to you: _____

Address: _____

Telephone Number(s) _____

Ethnicity

- a) White British English Scottish Welsh Irish
- b) Asian, Asian British Indian Bangladeshi Pakistani
- c) Black, Black British Caribbean African
- d) Mixed Please specify _____
- e) Chinese
- f) Other Please specify _____

First Language _____

Prescriptions

All prescriptions are now sent via EPS, this means your prescriptions are sent electronically to a pharmacy of your choice. This helps prevent paper wastage and speeds the process up. You can change your preference at any point by letting us know. **PLEASE SELECT ONE OPTION ONLY**

- | | | | | | |
|-------------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|
| Bridge Cottage Pharmacy | <input type="checkbox"/> | Lloyds Welwyn | <input type="checkbox"/> | Lloyds Shoplands | <input type="checkbox"/> |
| Boots - Moors Walk | <input type="checkbox"/> | Lloyds Knebworth | <input type="checkbox"/> | Boots - Howard Centre | <input type="checkbox"/> |
| Boots - Roaring Meg | <input type="checkbox"/> | Codicote | <input type="checkbox"/> | Johns & Kelynack | <input type="checkbox"/> |

Other - Please specify name & address: _____

Communications

- Do you have a hearing difficulty?** Yes No **If you answer yes to any of these questions, please let us know how you prefer to receive communications from us**
- Do you have a speech difficulty?** Yes No
- Are you registered blind/partially sighted?** Yes No

We encourage communication where possible via text (SMS) or email. By agreeing to electronic communications for your child, such as text message (SMS) or email, you are consenting to the practice contacting you for **any purpose relating to your child's health**, including appointment reminders, health promotion and confidential medication information.

It is **your responsibility to make sure your contact details are correct** and to update the practice of any changes to that information. The practice will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information including clinical information by **text** or **email** I **do not** wish to receive any information by **text** or **email** I **do not** or **can not** use **text** or **email**

Signed:

Print:

Relationship to Child:

Date:

Summary Care Record (SCR)

Your SCR contains important information about ongoing medical conditions, medications and your allergies if you have any. Allowing authorised NHS healthcare staff to have access to this information will improve decision making by healthcare professionals and has prevented mistakes being made when patients are being cared for in an emergency or when their GP practice is closed. Healthcare staff will have access to you SCR if you approach a service for treatment and/or advice, so that they can provide safer care, wherever or whenever you need it within England. You can find out more information about this service on our website on the NHS Digital website

You can choose to opt in (recommended) or out of the service. Please specify below:

Opt In Opt Out