

Desborough Surgery

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Hazlemere Surgery

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www.desboroughsurgeries.co.uk

Desborough & Hazlemere Surgeries

NEW PATIENT REGISTRATION FOR CHILDREN under 16 years

- A PARENT OR GRUARDIAN MUST ALSO BE REGISTERED AT THE SURGERY
- THIS FORM IS **NOT** FOR TEMPORARY REGISTRATION
- THE REGISTRATION PROCESS CAN TAKE 7-10 DAYS TO COMPLETE

IF YOU ARE IN NEED OF URGENT MEDICAL ATTENTION, PLEASE CALL 111 OR
999 IF A LIFE-THREATENING EMERGENCY

We only accept patients who live within our catchment area (check our website).

We will request your paper and electronic medical records from your previous GP, it usually takes around 6-8 weeks for us to receive them.

DO YOU TAKE REGULAR REPEAT MEDICATION?

If yes, please ensure you have at least 1 months' supply of medication before submitting this registration document; a Doctor or Pharmacist will need to see or speak with you before authorising/issuing any repeat medication.

**WRITE ONLY IN CAPITALS AND PRESENT IN PERSON AT
RECEPTION WITH YOUR IDENTITY DOCUMENTS.**

(Please bring the original documents plus a copy for our records)

DOCUMENTS REQUIRED:

- 1. PHOTOGRAPHIC ID or BIRTH CERTIFICATE**
- 2. PROOF OF IMMUNISATIONS (red book or medical record)**

Immunisation records are very important for the wellbeing of your child. Collecting this information will ensure that we have an up-to-date record, including when the next vaccinations are due.

For more information about the services and clinics we offer please visit our website.

WWW.DESBOROUGHSURGERIES.CO.UK

Desborough & Hazlemere Surgeries

All Patients To Complete All Of The Following Sections

Temporary patients need only complete a GMS3 form

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Title:	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>
First Name(s):		
Surname:		
Previous last name:		
Date of Birth:		
Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
NHS number:		

Village, town or city of birth:
Country of birth:

Current home address:
Postcode:

Has the child been registered with a UK GP before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the child was born outside of the UK, what date did they arrive?		

Name and address of GP surgery where they are currently registered:

Has the child ever lived somewhere else in the UK?	No <input type="checkbox"/>	Yes <input type="checkbox"/> give details of your previous address
Postcode:		

Name of Parent or Guardian: (who must also be registered at Desborough or Hazlemere Surgery)		
Phone number:		
Email address:		
Their relationship to the child:		
Is the above person also the child's next of kin and emergency contact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The NHS and your GP surgery can use your details to call, text or email you about health care services. All phone numbers must be registered in the UK. We operate a FREE appointment reminder and health check recall service, messages will be sent via SMS or email. Please keep us updated with your contact details.

Additional information**Ethnicity**

What is the child's ethnic origin?

A: White: ☐ English / Welsh / Scottish / Northern Irish / British ☐ Irish ☐ Gypsy or Irish Traveller

☐ Any other White background, please describe

B: Mixed / Multiple ethnic groups: ☐ White and Black Caribbean ☐ White and Black African

☐ White and Asian ☐ Any other Mixed / Multiple ethnic background, please describe

C: Asian / Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

☐ Any other Asian background, please describe

D: Black / African / Caribbean / Black British: ☐ African ☐ Caribbean ☐ Any other Black / African / Caribbean background, please describe

E: Other ethnic group: ☐ Arab ☐ Any other, please describe

☐ Any other, please describe:

Does the child have an outstanding claim for asylum in the UK?

YES ☐

NO ☐

Does the child care for somebody else?

YES ☐

NO ☐

Name of person they are for:

What is their relationship to the person they care for?

Does the child have a carer?

YES ☐

NO ☐

What is the carer's relationship to the child?

What type of carer are they?

Young, under 18 ☐

Paid as a job ☐

Unpaid, but may get benefits ☐

Foster carer ☐

Carer's name contact number:

In line with the Government's new Child Protection procedures, we are now required to ask for specific information on all new patients registering with us under the age of 16 years.

We would very much appreciate your help in this matter, and any information you provide will be regarded as confidential.

Who is the child's main carer? e.g.: parent/guardian:

What is the name of the child's current school?

Have Social Services ever been involved with this child?

YES ☐

NO ☐

If yes, please give name of Social Services/Social Worker:

Patient Health

Has the child had/still have any of these conditions?

☐ High Blood Pressure

☐ Diabetes

☐ Heart disease

☐ Angina

☐ Epilepsy

☐ Stroke

☐ Cancer

☐ Asthma - If asthmatic, have they used their inhaler in the past 12 months? YES ☐ NO ☐

Female patients only

Is it possible that the child is, or could be pregnant?

Yes ☐

No ☐

REPEAT MEDICATION: If the child takes regular repeat medication, please ensure they have at least 1 months' supply of medication before submitting this document.

Please submit their first repeat medication request in writing ASAP, a Doctor or Pharmacist will contact you to discuss before it can be authorised. Subsequent requests should be made in writing to reception (we are unable to accept requests by phone or direct from pharmacies).

Please allow up to 5 working days for all requests to be authorised and sent to your pharmacy.

Prescriptions are sent electronically direct to a pharmacy. What is your nominated pharmacy?

Name:

Address:

Postcode:

Please tell us about any allergies the child has:

Please tell us about any mental health conditions the child has:

Please tell us about any registered disabilities the child has:

I confirm that the information I have provided is true to the best of my knowledge.

Signature

Date:

Name of signatory:

Checklist before coming into the surgery.

1. Have you completed and SIGNED all relevant sections?
2. Do you have the originals and a copy of their photo ID and birth certificate?
3. Do you have proof of their immunisations?

Immunisation records are very important for the wellbeing of your child. Collecting this information will ensure that we have an up to date record, including when the next vaccinations are due.

4.

Please bring this form and all your documents to the surgery after 2pm Monday to Friday only.