



We welcome your child to the practice.

Please complete this form to help us help you while we await their medical records.

Child

Title: Surname:

First names:

Date of birth:

Previous names:

Address:

Adults with parental responsibility for this child

Relationship to child	
Name	
Date of birth	
Address	
Email address	
Contact telephone number	
Do you consent to receiving text messages, emails and phone calls?	

Ethnicity of child:

Place of child's birth:

What is your child's first language?

Do you need an interpreter?

Summary Care Records are electronic records of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

I allow my child's personal data to be uploaded to my Summary Care Record: Yes/No

Your confidential patient information can be used for planning to improve health and care services, and research to find a cure for serious illnesses.

I allow my data to be used for research and planning: Yes/No

If you do not choose 'No' your consent will be assumed.

Please tell us about any ongoing health conditions your child has:

Does your child take any regular medication? Please list or attach a copy of their repeat prescription:

Any allergies?:

Which pharmacy would you like to collect your child's prescriptions from?

Do any of your child's family members have health problems that may be relevant to their care? Please list:

Do you know your child's height?:

Weight?:

Is there anything else you feel we should know?:

Signed:

Name:

Date: