Bridge Street Medical Centre

Child (15 and below) Registration Form

Please complete using block capitals

Surname	Forenames	Title	Date of Birth	Gender

Name of next of kin:	Relationship:	Contact No:	Birthplace:

Home Address:

Home Telephone No:

Do you consent to receiving SMS messages, for example, for appointment confirmations / e-mails from the practice? Yes ☐ No ☐

Are you permanently resident in the UK?
If yes, from what date?

If you suffer from any ongoing medical problems or take any regular medication please make a routine appointment to see your usual GP.

Height in centimetres:-	Weight in kilograms:-

Do you currently smoke? (for older children) Yes ☐ No ☐
If you smoke, we would advise you to stop and welcome you to make an appointment with the Healthcare Assistant for smoking cessation advice, or visit www.nhs.uk/smokefree

Ethnicity:

Family Medical History
Please indicate if anyone in your immediate family suffers from any of serious medical problem:

Are you a Carer? YES ☐ NO ☐

Please bring in a copy of your child's vaccination record (all patients)

If you have come from abroad please bring in a copy of your medical and vaccination record. Please note that a child's registration may be delayed if these documents are not provided.

Signature:- Date:

PLEASE NOTE THAT WE WELCOME CHILD REGISTRATIONS BUT THESE ARE DEPENDENT ON THEIR LEGAL RESPONSIBLE PARENT OR GUARDIAN BEING REGISTERED AS A PATIENT OF BRIDGE STREET MEDICAL CENTRE.

Electronic Prescription Service
Patient Nomination Request

Name and address and postcode of nominated pharmacy:

Superdrug - Sidney Street ❒

Boots - Petty Cury ❒

Rowlands - Histon Road ❒

Other ……..

Patient Signature……

Date……

For Office Use Only	**Initials**	**Date**
Which parent is registered and with which GP		
Vaccination History		
Proof of family address		

In order to help patients decide if they drink too much alcohol too often, we would like to ask you to complete this quick confidential questionnaire

QUESTIONS SCORE	SCORING SYSTEM 0	 1	 2	 3	 4	YOUR SCORE
1.How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2.How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
3.How often do you have six or more units of alcohol on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

IF YOU SCORE 5+ ON QUESTIONS 1-3 THEN PLEASE COMPLETE REST OF FORM

4.How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5.How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6.How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7.How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8.How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9.Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10.Has a relative/friend/ health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

If your total score for questions 1 to 10 is 8+, we would like to invite you to make an appointment with our practice nurse to discuss this further. You can also visit: www.units.nhs.uk/

Your emergency care summary

New patient letter

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

As a patient you have a choice:

• **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you. (Please note that not all practices are involved, so at present some patients may not have a record created).

• **No I do not want a Summary Care Record** – attached is an opt out form. **Please complete the form and hand it to a member of the GP practice staff**.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our Patient Advice and Liaison Service (PALS) **(0800 279 2535),**

GP practice staff, visit the NHS Cambridgeshire PCT website **www.cambridgeshire.nhs.uk** or **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title.....

Surname / Family Name.....

Forename(s).....

Address.....

.....

Postcode .....

Phone No..... .....

Date of birth..... .....

NHS Number (if known.....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request.

Please ensure you fill out their details in section A and your details in section B

Your name.....

Your signature.....

Relationship to patient .....

Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

Your emergency care summary

Actioned by practice: yes/no Date ....

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