**New Patient Registration and Health Check Policy**

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# Introduction

## Policy statement

Sheerwater Health Centre will ensure there is equitable access for all patients who wish to register with the organisation and will follow the GP Patient Registration Standard Operating Principles for Primary Medical Care outlined in the [NHS Primary Medical Care Policy and Guidance Manual (PGM)](https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/%22HYPERLINK%20https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/).

The registration process must be followed diligently. As detailed in the PGM, a patient does not need to be ordinarily resident in the country to be eligible for NHS primary medical care. Therefore, anybody in England may register and consult with a GP without charge and without producing any form of identity.

As stipulated in the PGM, it is a contractual requirement that, once registered, all patients must be invited to participate in a new patient health check. However, neither registration nor clinical appointments should be delayed because of the unavailability of a new patient health check appointment.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums, and contractors.

# Patient registration

## Registering the patient

Patients wishing to register with this organisation can either complete the new [PRF1 form](https://gp-registration.nhs.uk/PRF1-050723.pdf) that replaced the GMS 1 form in October 2024, or complete the online registration process which is detailed on the website. Should the patient utilise the online registration process, a supporting signed letter from the patient, posted or emailed to the organisation, is acceptable to complete the registration (i.e., for the patient’s signature).

NHS E have developed [Register with a GP surgery](https://digital.nhs.uk/services/register-with-a-gp-surgery-service#about-this-service) which enables this organisation to take patient registrations online quickly and easily. This standardises the online registration process throughout England.

## Requesting documentary information from patients

Section 4.9.1 of the [[PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services)](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) explains that this organisation cannot refuse an application to join its list on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Additionally, Section 4.9.4 details that there is no regulatory requirement for patients to prove identity, address, immigration status or the provision of an NHS number in order to register. However, there are practical reasons why this organisation might need to be assured that people are who they say they are, or to check where they live. Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry, thereby ensuring any previous medical notes are transferred.

Should this organisation request documentation to verify a patient’s identity or immigration status, then the organisation must ensure the same process is applied to all patients requesting registration. This organisation must not expect a patient to present a photograph as this could be discriminatory.

It must be acknowledged that while most patients will not find it difficult to produce ID, there will be some patients who live in the practice area but are legitimately unable to produce any documentation. Examples are detailed within the PGM at section 4.9.6.

## Declining applications

The organisation is permitted to decline a patient’s application to join the practice if:

* The commissioner agrees that the organisation list may be closed to new patients
* There are reasonable grounds to do so, e.g., the patient has previously been removed from the organisation list

Any refusals will be confirmed in writing to the patient, with the reasons fully stated, within 14 days of the refusal. The date and reason for refusal will be recorded along with the name of the patient and this information will be made available to commissioners if requested.

## Practice areas

The PGM explains that all organisations are required to have agreed an inner boundary with their commissioner. Anyone residing within this area is entitled to apply to register for primary medical services and the organisation boundary must be clearly advertised to patients on the organisation’s information leaflet and/or website.

The organisation has also agreed an outer boundary. Patients who move from the inner boundary area but still reside in the outer boundary area may be able to remain registered with the organisation should they so wish, and if the organisation agrees.

The PGM further advises that this organisation may register new patients who live outside the organisation area, without any obligation to provide home visits or services out of hours. It is for the organisation to decide, at the point of registration, whether it is clinically appropriate and practical to register the individual patient in that way.

## Registering for online services

It should be noted that while there is no requirement for ID when initially registering at this organisation, this should not be confused with those patients who wish to have access to online services.

Should any patients request online access, then full identification is required and the process should be followed as detailed within the **Access to Medical Records Policy**.

## Registering children

The same registration process should be followed when registering children (0–18 years of age). However, there are certain circumstances that this organisation should be aware of in relation to safeguarding guidance.

As detailed in the PGM at Section 4.12.3, if a child under the age of 16 attempts to register alone, or with an adult who does not have parental responsibility, the safeguarding lead should be alerted.

It is recommended that the organisation gains assurance by the means detailed at Section 4.12.5, although when doubt exists, the safeguarding lead is to be informed, and appropriate actions taken.

## Registration of those previously registered with Defence Medical Services

When service personnel leave the Armed Forces, they become veterans, and their primary healthcare reverts to the responsibility of the local NHS. Veterans will be provided with copies of their medical records which they will give to their new practice during registration. Guidance for patients can be found in the NHS document tilted [Veterans, service leavers and non-mobilised reservists](https://www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists/).

Guidance for staff can be found within the PGM at Section 4.13 and within the NHS online guidance for the Armed Forces community titled [A guide to NHS services](https://www.nhs.uk/nhs-services/armed-forces-community/nhs-services-guide/).

Note that Armed Forces veterans are entitled to priority treatment if their injury or condition came about because of their service (subject to clinical need). This is regardless of whether they receive a war pension. Further guidance can be found within the [Armed Forces Covenant](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf) and within the [Priority treatment for veterans](https://practiceindex.co.uk/gp/forum/resources/priority-treatment-for-veterans.1015/) document.

Prior service should be recorded on registration and allocated the correct SNOMED code: Military veteran SCTID: 753651000000107. Having this code will enable access to specialist care or charity support as necessary for the patient.

Current NHS guidance can be found in their document titled [Veterans, Service leavers and non-mobilised reservists](https://www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists/).

## Registration of civil servants, their dependants and the dependants of members of the Armed Forces returning from overseas service

Comprehensive guidance regarding the registration of civil servants posted overseas, their relevant family members who accompanied them on their posting and relevant family members who have accompanied a member of the Armed Forces posted overseas is detailed within the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) at section 4.15.

This includes enabling such individuals to register as a permanent or temporary patient in advance of or upon their return to the UK.

## Registering Commonwealth, Gurkha or Nepali veterans

In the [Step-by-step guide for service leavers](https://www.nhs.uk/nhs-services/armed-forces-community/service-leavers-guide/), NHS guidance advises that the following veterans are not entitled to receive free healthcare from the NHS after their discharge date from the UK Armed Forces:

* A citizen of a member of the Commonwealth
* A Gurkha citizen
* A Nepali citizen

In order to receive free healthcare through the NHS after this date, these groups must gain indefinite leave by using the [immigration rules and process](https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-armed-forces).

Note that this organisation has a contractual duty to provide emergency and immediately necessary treatment free of charge for everyone.

## Registering asylum seekers, refugees and other migrants

As detailed in [CQC GP Mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other), this organisation has a contractual duty to provide emergency and immediately necessary treatment free of charge for everyone.

Additional guidance to support these groups can be found at:

* NHS E guidance titled [How to register with a GP surgery](https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/)
* PCSE provides guidance for numerous registration processes in their document titled [Patient Registrations](https://pcse.england.nhs.uk/help/patient-registrations/patient-registrations)
* The Office for Health Improvement and Disparities have provided details in their [Migrant health guide](https://www.gov.uk/government/collections/migrant-health-guide)

## Registering a homeless patient

This organisation will adhere to the guidance outlined in [CQC GP Mythbuster 29: Looking after homeless patients in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-29-looking-after-homeless-patients-general-practice) and allow any homeless patient to register by using either a temporary address such as a friend's address or a day centre.

Furthermore, homeless patients may also use the practice address to register as a method of contact is required, for example, should they need to be advised of a secondary care appointment or test result.

## Duty to refer a homeless patient

The [Homelessness Reduction Act (2017)](http://www.legislation.gov.uk/ukpga/2017/13/enacted) places renewed emphasis on homelessness prevention and Section 10 requires public authorities in England to notify a local housing authority (LHA) of service users who they think may be homeless or at risk of becoming homeless.

While it is not mandatory for any GP practice to have any duty to refer to a LHA for further support, it would be beneficial to do so.

Any referrals to a LHA must include:

* The service user’s name
* Any contact details
* An agreed reason for referring the user

It should be noted that organisations can refer without consent to safeguard children and vulnerable adults.

For further advice, refer to the governmental guidance titled [A guide to the duty to refer](https://www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer#introductionhttps://www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer). Additionally, further resources for healthcare professionals on homelessness can be found within [GP Mythbuster 29](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-29-looking-after-homeless-patients-general-practice).

## Registering under the Mental Capacity Act

The [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) is designed to protect and empower people aged over 16 who are unable to make decisions about their care and treatment.

If a person is unable to register with a GP because they cannot make decisions about their care, registration can be done by:

* A relative
* The main carer
* A lasting power of attorney
* A person appointed by a court under the Mental Capacity Act

Further reading can be sought from the NHS document titled [Mental Capacity Act](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/) and the **Mental Capacity Act Policy**.

## Rights to treatment and services

People who are not ‘ordinarily resident’ may be charged for some NHS services and the [NHS (Charges to Overseas Visitors) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/238/contents/made) apply to all courses of treatment commenced on or after 6 April 2015.

Refer to the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) at Section 4.4, ‘Who can register for free primary care services?’ Section 4.5 reiterates that general practice must provide immediately necessary treatment.

Further information can be sought from the following documents:

* Gov.uk [Healthcare for visitors to the UK from the EU](https://www.gov.uk/guidance/healthcare-for-eu-and-efta-citizens-visiting-the-uk)
* Gov.uk [Pay for UK healthcare as part of your immigration application](https://www.gov.uk/healthcare-immigration-application)
* NHS guidance titled [How to access NHS services in England if you are visiting from abroad](https://www.nhs.uk/nhs-services/visiting-or-moving-to-england/how-to-access-nhs-services-in-england-if-you-are-visiting-from-abroad/)

This organisation will refer overseas visitors when a referral is clinically appropriate.

If it is considered that a charge will apply for treatment following a referral, the referral should still be made to enable the secondary care clinical teams to decide if treatment is urgent and therefore should be provided in advance of payment.

This organisation will ensure that patients are made aware that they may be charged for treatment for which they are to be referred by using the DHSC guidance titled [Overseas NHS visitors: implementing the charging regulations](https://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations).

## Temporary residents

At Section 4.17, the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) explains that patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than three months. In some cases, a prospective patient may not know how long they will reside in an area, for example, destitute asylum seekers housed in temporary Home Office-commissioned ‘initial’ accommodation.

Refer to Section 4.49 of the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services).

Further information regarding temporary residents can be found in the useful NHS patient document titled [How to register with a GP surgery](https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/).

## [Immediately necessary treatment](https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/how-do-i-register-as-a-temporary-resident-with-a-gp/)

As detailed in the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) at Section 4.5, this organisation is under a duty to provide emergency or immediately necessary treatment, when clinically necessary, irrespective of nationality or immigration status.

The organisation is to provide 14 days of further cover following the provision of immediate and necessary treatment.

## Registering patients released from prisons, immigration centres or children’s secure facilities

Patients who do not have a registered GP or who are being released to this area, have the ability to register with this organisation prior to leaving the detained estate. This agreement includes the transfer of clinical information, including medication history and substance misuse management plans to this organisation, to enable the appropriate level of care to be delivered when the patient first presents at this organisation.

Further reading is within the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) at Section 4.14

# New patient health check

## Overview

It is a contractual requirement that this organisation invites newly registered patients to participate in a new patient health check. The purpose of this is to discuss any existing conditions with the patient while also taking the opportunity to review the patient’s lifestyle and make recommendations through evidence-based advice to improve the lifestyle of the patient.

## Patient invitation

As detailed within the [PGM](https://www.england.nhs.uk/long-read/primary-medical-services-policy-and-guidance-manual-pgm/#4-gp-patient-registration-standard-operating-principles-for-primary-medical-services) at Section 4.8 all new patients will be invited to attend a health check when they register with the organisation. Ideally, this appointment will be arranged as soon as possible following registration, especially for children. It should be noted that neither registration nor clinical appointments should be delayed due to the unavailability of a health check.

All staff are to ensure that they accurately record invitations by using the appropriate SNOMED CT code:

New patient screening (procedure) SCTID: 171324002

# The NHS Health Check

## Overview

The NHS Health Check is a prevention programme that aims to reduce the chance of developing certain chronic diseases in people aged 40-74. All eligible patients are to be offered an NHS Health Check once every five years.

For further reading, refer to the comprehensive NHS guidance titled [NHS Health Checks: applying All Our Health](https://www.gov.uk/government/publications/nhs-health-checks-applying-all-our-health/nhs-health-checks-applying-all-our-health). For patient information can be found at the NHS guidance titled [NHS Health Check](https://www.nhs.uk/conditions/nhs-health-check/).

Health questionnaire templates can be found at [Annex A](#_Annex_A_–) for adults and [Annex B](#_Annex_B_–) for children.

## Increasing uptake of the NHS Health Checks

Ideas for increasing the uptake of NHS Health Checks are to be found in Public Health England’s [Top tips for increasing the uptake of NHS Health Checks](https://www.gov.uk/government/publications/nhs-health-checks-increasing-uptake/top-tips-for-increasing-the-uptake-of-nhs-health-checks).

There is also a useful guide regarding [low-cost ways](https://www.healthcheck.nhs.uk/seecmsfile/?id=405) to increase NHS Health Check attendance as a result of a randomised trial which personalises the invitation letter and uses text messages to support it. The National invitation letter template can be found at the NHS E guidance titled [Programme resources](https://www.healthcheck.nhs.uk/commissioners-and-providers/delivery/invitation-letter-and-results-card/).

Staff may invite patients for the NHS Health Check via telephone or text (if applicable). All invitations are to be recorded in the patient’s healthcare record and coded with the appropriate SNOMED CT code:

National Health Service Health Check invitation SCTID: 523241000000107.

# Annex A – Health questionnaire – Adult

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title: (Mr, Mrs, etc.)** |  | | **Date of birth** |  |
| **Forename(s)** |  | | | |
| **Surname** |  | | **Previous surname** |  |
| **Calling name** |  | | **Occupation** |  |
| **Current address** |  | | | |
| **Home phone number** |  | | **Mobile phone number** |  |
| **Email address** |  | | | |
| **Consent: (Please delete as appropriate)** | I consent/do not consent to be contacted by SMS on my mobile number.  I consent/do not consent to be contacted by email at this address:  We may contact you with appointment details, results, health awareness events, etc. | | | |
| **NHS number** | |  | | |
| **Have you been registered here previously? If yes, please give dates.** | |  | | |
| **Next of kin details:**  **Title:**  **Surname:**  **Forename:**  **Relationship:**  **Address:**  **Telephone numbers:** | |  | | |
| **Special circumstances:** | | Please tick if any of the following apply:  I have a carer  I am a carer  Asylum seeker  Housebound  Live in a nursing home  Live in a residential home  Live in a community psychiatric home  Live in a children’s home | | |
| **Height** |  | | **Weight** |  |
| **Allergies** |  | | **Disabilities** |  |
| **Are you:**  **Registered blind or partially sighted**  **Registered deaf**  **Registered disabled** | | | Please state which of these apply: | |
| **Please state your ethnicity** | | |  | |
| **Do you have any drug allergies?**  ***Please include known reactions*** | | |  | |
| **Do you have any other allergies?**  ***Please give as much detail as possible*** | | |  | |
| **Do you suffer from any of the following:**  **Heart disease**  **Hypertension**  **Asthma**  **Diabetes**  **COPD**  **Chronic kidney disease**  **Epilepsy**  **Stroke**  **Cancer** | | | Please state which of these apply and give date of last review: | |
| **Do you have any other serious or chronic illness?** | | | Please explain: | |
| **Do you have a family history of:**  **Diabetes**  **Heart disease**  **High cholesterol**  **Heart attack**  **Stroke**  **Cancer** | | | Please give details, including relationship, illness and age at diagnosis, if known: | |
| **Have you had any significant injuries or major operations?** | | | If yes, please give details: | |
| **Smoking status – Are you:**  **A current smoker**  **An ex-smoker**  **A non-smoker** | | | If a current or ex-smoker, please give details of how many you smoke or smoked per day. If you are an ex-smoker, please give the date you stopped (month/year). | |
| **Smoking cessation advice is available. Would you like further information?** | | | If yes, please ask at reception or see our website for details. | |
| **How many units of alcohol do you drink on a typical day when you are drinking? (1 unit = ½ a pint or a small glass of wine or a single pub measure of spirits)** | | | Please tick which applies:  1-2  3-4  5-6  7-9  10+ | |
| **How often have you drunk more than 8 units (men) or 6 units (women) on a single occasion in the past year?** | | | Please tick which applies:  Never  Daily  Weekly  Monthly  Less often than monthly | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Alcohol scoring system** | 0 | 1 | 2 | 3 | 4 | Score |
| **How often do you drink alcohol?** | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week |  |
| **How many units of alcohol do you drink on a typical day when drinking?** | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |  |
| **How often have you drunk more than 8 units (men) or 6 units (women) on a single occasion in the past year?** | Never | Less often than monthly | Monthly | Weekly | Daily or almost daily |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Advice is available if you would like to reduce your alcohol intake.** | Please ask at reception or see our website for details. | | |
| **Current medication** | If possible, attach a copy of your repeat prescription list. | | |
| **Medication** | Dosage | Repeat | Quantity remaining |
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| --- | --- |
| **Females only:** | |
| **Date of last cervical smear** |  |
| **Contraception used** |  |
| **Over 65s:** | |
| **Have you had a pneumonia vaccine in the last 10 years?** |  |
| **Have you had a flu vaccine this year?** |  |
| Please use this space to give any other information you feel is appropriate: | |
| **PATIENT DECLARATION** | |
| **I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.** | |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

Thank you for completing this form.

Please return this form to a member of the reception team who will make an appointment for your new patient health check.

# Annex B – Health questionnaire – Child

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| --- | --- | --- | --- | --- |
| **Gender** |  | | **Date of birth** |  |
| **Forename(s)** |  | | | |
| **Surname** |  | | **Calling Name** |  |
| **Current address** |  | | | |
| **Home phone number** |  | | | |
| **School** |  | | | |
| **NHS number** |  | | | |
| **Has your child been registered here previously? If yes, please give dates.** |  | | | |
| **Parent or guardian details:**  **Title:**  **Surname:**  **Forename:**  **Relationship:**  **Address:**  **Telephone nos.:** |  | | | |
| **Consent: (Please delete as appropriate)** | I consent/do not consent to be contacted by SMS on my mobile number.  I consent/do not consent to be contacted by email at this address:  We may contact you with appointment details, results, health awareness events, etc. | | | |
| **Special circumstances:** | Please tick if any of the following apply to your child:  I have a carer  I am a carer  I have communication difficulties  Asylum seeker  Housebound  Live in a nursing home  Live in a residential home  Live in a community psychiatric home  Live in a children’s home | | | |
| **Height** |  | | **Weight** |  |
| **Allergies** |  | | **Disabilities** |  |
| **Is your child:**  **Registered blind or partially sighted**  **Registered deaf**  **Registered disabled** | | | Please state which of these apply: | |
| **Please state your child’s ethnicity** | | |  | |
| **Does your child have any drug allergies?**  ***Please include known reactions*** | | |  | |
| **Does your child have any other allergies?**  ***Please give as much detail as possible*** | | |  | |
| **Does your child suffer from any of the following:**  **Asthma**  **Depression**  **Diabetes**  **Epilepsy** | | | Please state which of these apply and give date of last review: | |
| **Does your child have any other serious or chronic illness?** | | | Please explain: | |
| **Does your child have a family history of:**  **Asthma**  **Diabetes**  **Heart disease**  **High cholesterol**  **Heart attack**  **Stroke**  **Cancer**  **Liver disease**  **Depression**  **Epilepsy**  **COPD** | | | Please give details, including relationship, illness and age at diagnosis, if known: | |
| **Has your child had any significant injuries or major operations?** | | | If yes, please give details: | |
| **Current medication** | | | If possible, attach a copy of your child’s repeat prescription list. | |
| **Medication** | | | Dosage/Repeat/Quantity remaining | |
|  | | |  | |
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|  | | |  | |
|  | | |  | |
| **PARENT OR GUARDIAN DECLARATION** | | | | |
| **I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.** | | | | |
| **Signature** | |  | | |
| **Print name** | |  | | |
| **Date** | |  | | |

**Please note, it is your responsibility to keep the organisation up to date with any changes to your address, telephone number or email address.**

Thank you for completing this form.

Please return this form to a member of the reception team who will make an appointment for your child’s new patient health check.