

Dr J.C. Blechynden
Dr A. Bhargava
Dr A. Wilkinson
Dr H.R. Patel
Dr M Morgan
Dr K Olivier



Southgate Medical Group
137 Brighton Road
Crawley
West Sussex
RH10 6TE

NEWBORN BABY REGISTRATION FORM

TITLE – Mr / Master / Miss / SURNAME.....

FIRST NAME(S).....

DATE OF BIRTH (dd/mm/yyyy)..... MALE / FEMALE

NHS NUMBER (this can be found on the discharge summary from hospital).....

TELEPHONE NUMBER (Home)..... (Mobile).....

EMAIL ADDRESS.....

- Please tick if you DO NOT wish to be contacted by EMAIL
 Please tick if you DO NOT wish to be contacted by SMS TEXT MESSAGE
(we do not share this information with any other organisation)

NEXT OF KIN – Name.....

Address.....

Phone no..... Relationship to the patient.....

Mother's full name.....DOB (dd/mm/yyyy).....

PLEASE ADVISE WHICH ONE OF THE FOLLOWING CHEMISTS YOU WOULD LIKE YOUR PRESCRIPTIONS TO BE SENT: (Please tick the appropriate box)

**** If no chemist is selected, prescriptions will default to 'Williams Southgate (next door to the surgery)' ****

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Boots County Mall | <input type="checkbox"/> Asda | <input type="checkbox"/> Kamsons Southgate | <input type="checkbox"/> Kamsons Broadfield |
| <input type="checkbox"/> Lloyds Tilgate | <input type="checkbox"/> Sainsbury's | <input type="checkbox"/> Williams Southgate (Next door) | <input type="checkbox"/> Williams Furnace Green |

PLEASE STATE ANY **MEDICAL HISTORY** THAT YOU FEEL THE PRACTICE SHOULD BE AWARE OF:

.....
.....
.....

DOES THE BABY HAVE ANY ALLERGIES TO ANY MEDICATION?

.....

Once complete, please return to the surgery to enable us to register your baby.

Due to government policy, we are obliged to ask you the following:

PLEASE STATE YOUR FIRST SPOKEN LANGUAGE.....

English language spoken? YES / NO

WHAT IS YOUR ETHNIC GROUP? (Please only choose ONE and tick the appropriate box)

- | | | |
|--|--------------------------------------|-------------------------------------|
| WHITE | BLACK OR BLACK BRITISH | EASTERN ASIAN |
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> European | <input type="checkbox"/> African | <input type="checkbox"/> Vietnamese |
| MIXED | ASIAN OR ASIAN BRITISH | MIDDLE EASTERN |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Turkish |

ANY OTHER GROUP NOT STATED ABOVE.....

I DO NOT WISH TO STATE MY ETHNIC GROUP

(eDSM) SHARING OF YOUR MEDICAL RECORDS BETWEEN HEALTH PROFESSIONALS.

In order to provide the best and safest health care it is possible to allow clinicians caring for you to view medical information recorded by other healthcare services. For example it may be useful for your GP to be able to read information recorded by a district nurse to monitor your care and make a more informed decision when planning how best to treat you.

Can I refuse to share? Yes, you have the right to choose which services can share information or view shared information and you can change your mind at any time. PLEASE TICK TO REFUSE TO SHARE

If I agree to share, who can view my information? Only health professionals who are currently involved in your health care and you have given consent to view can see information in the shared record. PLEASE TICK TO AGREE TO SHARE

Can I hide specific entries on my record while sharing the rest of my information? Yes. If there is some information you do not wish to be shared, ask your health professional not to share that information.

(SCR) SUMMARY CARE RECORD – your emergency care summary

Your Summary Care Record will be available to authorized 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, please tick one of the following:-

- 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
- No, I do not want a Summary Care Record** – please ask at reception for an opt-out form, complete the form and hand it back to a receptionist

Please ask at reception for more information regarding Record Sharing or Summary Care Records.