

REGISTRATION FORM FOR UNDER 5s

PLEASE WRITE CLEARLY AND IN BLOCK LETTERS

Today's Date..... Have you been registered here before? Yes / No

<u>Patient's Current Details:</u>		<u>Patient's Previous Details:</u>	
Surname:		Surname:	
Forename(s):		Forename(s):	
Male / Female (please delete as appropriate)			
System No/NHS No	D.O.B	System No/NHS No.	
Current Address:		Previous Address:	
Temp/permanent (delete as applicable)		Temp/permanent (delete as applicable)	
Tel.No.		Tel No.	
Clinic No:	HV No:	Clinic No:	HV No:
GP Name & Surgery: Long Furlong MC 45 Loyd Close Abingdon OX14 1XR	School/ SH Nurse:	GP Name & Surgery:	School/ SH Nurse:
Parent/Carer details			
Relationship	Surname	Forename(s)	Date of Birth

When you return the completed form please bring your child's Red Book or Overseas immunisation record so that we may take a copy to update our records.

NHS Electronic Prescription Service (EPS) Patient Nomination

The prescription is an electronic message sent directly to your nominated pharmacy. **EPS is reliable, secure and confidential.** Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

You can change your nomination or cancel it and get a paper prescription. If you don't want your prescription to be sent electronically just tell your GP/Nurse. If you want to change or cancel your nomination speak to any pharmacist that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

The benefits of EPS are:

- The prescription is an electronic message so there is **no paper prescription to lose.**
- Your GP or Nurse will be able to send the prescription electronically to the pharmacy of your choice.
- If the prescription needs to be cancelled the GP/Nurse can **electronically cancel and issue a new prescription** without you having to return to the practice.
- **You may not have to wait as long at the pharmacy** as your repeat prescriptions can be made ready before you arrive. Electronic prescriptions cannot be lost so you won't have to spend time trying to find them or asking the surgery to issue another paper prescription.
- No need to go back to the pharmacy for medication that is owed to you, as the pharmacy will know what you need in advance

Please indicate below your nominated pharmacy:

<ul style="list-style-type: none">• I am the patient named above / carer of the patient named above (delete as appropriate)• Nomination has been explained to me and I have also been offered a leaflet that explains nomination.• I would like to nominate the following pharmacy for dispensing prescriptions issued by the NHS Electronic Prescription Service: (Please tick as appropriate)	
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Apollo, Milton Park</div><div><input type="checkbox"/> Avicenna, Stert St, Abingdon</div><div><input type="checkbox"/> Boots, Bury Street, Abingdon</div><div><input type="checkbox"/> Consult Spring Road, Abingdon</div><div><input type="checkbox"/> Jhoots, Bury St, Abingdon.</div><div><input type="checkbox"/> Lloyds, Peachcroft, Abingdon</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> North Abingdon, Loyd Close, Abingdon</div><div><input type="checkbox"/> Reynolds Way, Abingdon</div><div><input type="checkbox"/> Tesco, In store Pharmacy, Abingdon</div><div><input type="checkbox"/> Wootton, Besselsleigh Road, Wootton</div><div><input type="checkbox"/> _____</div></div>

Registration Form for Under 5s Continued

Current details:

Surname:.....Forename(s):.....

Gender:

Male / Female

D.o.B.....

Town & Country of Birth:.....

If you are from abroad: Date you first came to live in the UK:.....

Your first UK address where registered with a GP:

If previously resident in UK, date of leaving:.....

Medical History: Has your child ever suffered from?:

Asthma	Yes / No	Date of Diagnosis.....
Diabetes	Yes / No	Date of Diagnosis.....
High Blood Pressure	Yes / No	Date of Diagnosis.....
Stroke/ TIA	Yes / No	Date of Diagnosis.....
Heart Attack	Yes / No	Date of Diagnosis.....
Angina	Yes / No	Date of Diagnosis.....
Epilepsy	Yes / No	Date of Diagnosis.....
Cancer	Yes / No	Date of Diagnosis.....

Family Medical History: Does any of the family suffer from?

Asthma	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Stroke/ TIA	Yes / No
Heart Attack	Yes / No	Angina	Yes / No
Epilepsy	Yes / No	Cancer	Yes / No

To help us understand the needs of our patient population please tick the box below which best describes your cultural and ethnic origin: (Codes used as per 2001 census)

White	Mixed	Asian or Asian British	Black	Other Ethnic Groups
<input type="checkbox"/> British .9i0.	<input type="checkbox"/> White & Black Caribbean .9i3.	<input type="checkbox"/> Indian .9i7.	<input type="checkbox"/> Caribbean .9iB.	<input type="checkbox"/> Chinese .9iE.
<input type="checkbox"/> Irish .9i1.	<input type="checkbox"/> White & Black African .9i4.	<input type="checkbox"/> Pakistani .9i8.	<input type="checkbox"/> African .9iC.	<input type="checkbox"/> Other ethnic group .9iFK.
<input type="checkbox"/> Other White origin .9i2.	<input type="checkbox"/> White & Asian .9i5.	<input type="checkbox"/> Bangladeshi .9i9.	<input type="checkbox"/> Other Black origin .9iD.	
	<input type="checkbox"/> Other mixed background .9i6.	<input type="checkbox"/> Other Asian background .9iA.		

If you do not wish to have your ethnicity recorded in your medical notes please tick the box below:

☐ Ethnic group refused by patient (.9SD.)

Please tick the box below to indicate your First Language Spoken (listed in alphabetical order)

<input type="checkbox"/> Arabic .13l0.	<input type="checkbox"/> Bengali .13l1.	<input type="checkbox"/> Cantonese .13l2.	<input type="checkbox"/> Croatian .13lT.	<input type="checkbox"/> Dutch .13lf.	<input type="checkbox"/> English .13l4.	<input type="checkbox"/> French .13l5.
<input type="checkbox"/> German .13lR.	<input type="checkbox"/> Hebrew .13lI.	<input type="checkbox"/> Hindi .13l8.	<input type="checkbox"/> Italian .13lQ.	<input type="checkbox"/> Japanese .13lW.	<input type="checkbox"/> Korean .13lX.	<input type="checkbox"/> Kurdish .13lN.
<input type="checkbox"/> Mandarin .13lB.	<input type="checkbox"/> Norwegian .13lq.	<input type="checkbox"/> Polish .13lC.	<input type="checkbox"/> Portuguese .13lD.	<input type="checkbox"/> Punjabi .13lE.	<input type="checkbox"/> Russian .13lF.	<input type="checkbox"/> Serbian .13lt.
<input type="checkbox"/> Sinhala .13lu.	<input type="checkbox"/> Spanish .13lI.	<input type="checkbox"/> Swahili .13lv.	<input type="checkbox"/> Swedish .13lw.	<input type="checkbox"/> Tagalog .13lw.	<input type="checkbox"/> Tamil .13lK.	<input type="checkbox"/> Thai .13lx..
<input type="checkbox"/> Turkish .13lZ.	<input type="checkbox"/> Urdu .13lL.	<input type="checkbox"/> Vietnamese .13lb.	<input type="checkbox"/> Welsh .13lz.	<input type="checkbox"/> Sign Language (British).13ZM		
<input type="checkbox"/> Other: Please state						

Office use only:

- Ethnic category not stated: add code: .9iG.
- Language not stated: add code: .13ZE

If you would like to register on the **NHS Organ Donor Register** please ask at Reception for an information leaflet or visit the website www.organdonation.nhs.uk or call 0300 123 23 23