



Do you have any special communication needs?  Yes  No

If yes:  Sign Language  Large Print  Other

**New Patient Health Questionnaire – Baby Registration**

Thank you for choosing to register with Swan Medical Group, we are delighted to welcome you as a new patient. Could you please complete this health questionnaire so we have some medical information to help care for you and your family.

**CONFIDENTIAL MEDICAL REGISTRATION FORM**

**Please complete all pages in FULL using BLOCK capitals in BLACK INK**

**Baby's Details**

Surname

First names (in full)

Gender  NHS Number

Date of Birth (day/month/year)  Place of Birth

Nationality

Address   
Post Code:

Parent Surname (1)  Gender

Parent First Names (1)

Date of Birth (day/month/year)  NHS Number

Address   
Post Code:

Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>
Registered GP	<input type="text"/>		
Parent Surname (2)	<input type="text"/>	Gender	<input type="text"/>
Parent First Names (2)	<input type="text"/>		
Date of Birth (day/month/year)	<input type="text"/>	NHS Number	<input type="text"/>
Address	<input type="text"/>		
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>
Registered GP	<input type="text"/>		

**Data sharing consent choices**

**Hampshire Health Record (HHR)**

The Hampshire Health Record is a local scheme which allows Out of Hours, Ambulance and Emergency services as well as GPs and Hospital Consultants access to medical record data. The data made available on the HHR is limited; it includes allergy information, medication, diagnoses, tests and treatments. It does not include any information relating to sexual health, abuse or complaints.

Patient consent will be required by ANYONE accessing their records (unless they are unconscious).

**After reading the above CAREFULLY If you would like to Opt Out of the HHR, please tick below:**

I would like to OPT OUT of the HHR	Signed:	Date:
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## **Summary Care Record (SCR)**

The Summary Care Record is a national programme and will enable healthcare professionals ONLY across the country to access the SCR database and patient information.

The SCR will consist of patient information which will be uploaded from our clinical system on a regular basis. This information will be very limited:

- Medication
- Allergies
- Adverse drug reactions

Patient consent will be required by ANYONE accessing their records (unless they are unconscious).

You will be automatically included in the SCR unless you tick otherwise

**After reading the above CAREFULLY If you would like to Opt Out of the SCR, please tick below:**

I would like to OPT OUT of the SCR	Signed:	Date:
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Where you have provided information on how to contact you, can you confirm you are happy for Swan Medical Group to contact you by the following?

By email  Yes  No This will be to send you letters, the surgery newsletter and other relevant information

By text  Yes  No This will be to send you reminders of Appointments via text and other relevant Information

How did you hear about Swan Medical Group? Please tick one:

Our website:  Recommendation:  NHS Choices:

Other (please specify):

<b>STAFF USE ONLY – ID checked</b>	<b>Initials:</b>	<b>Date:</b>	<b>Emis no:</b>
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