



Langport Surgery



Please complete all pages in FULL using BLOCK capitals

CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)

Sex: Male Female

Surname

First Names (in full)

Preferred Calling Name

Previous Surname(s)

Date of Birth (dd/mm/yyyy)

NHS Number (10 digits)

Town & Country of Birth

Address

Post Code:

Telephone number

Mobile number

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK

Post Code:

Name of Previous GP

Name and Address of Previous GP Surgery

Post Code:

If you are from abroad (Overseas Questionnaire also to be completed):

Your first UK address where Registered with a GP

Post Code:

If previously resident in the UK date of leaving

Date you first came to the UK

Mothers Details:

Mothers full name

Mothers Date of Birth (dd/mm/yyyy)

Childs Details:

Please list any allergies

Are you Housebound? Yes No

Are you a carer? Yes No Do you have a carer? Yes No

A carer as defined by Carer UK is someone of any age who "provides unpaid care and support to ill, frail or disabled friends or family members who could not manage without help"

Information about your Carer or who you care for:

Ful Name

Relationship

Address (if different from yours) Post Code:

Telephone Number Mobile Number

Communication requirements

Do you have any communications needs relating to a disability, impairment or sensory loss?
For example Large Print, Sign Language, Easyread, Braille etc.

If so, what are they?

Ethnicity

Please indicate your ethnic origin:

- British or mixed British Irish African Caribbean Indian Pakistani
- Bangladeshi Chinese Other (please state):
- Do not wish to state

Spoken First Language

Supply of Medicines and Appliances Prescribed by Langport Surgery

We are a dispensing practice so any patient who resides more than 1 mile (1.6 kilometres) 'as the crow flies' from a chemist has the choice to have their prescriptions provided by the dispensary at the surgery.

If this applies to you and you wish us to dispense your prescriptions please tick the box below:

I live more than 1 mile 'as the crow flies' from the nearest chemist

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Sign:

Date:

Signature of patient Signature on behalf of patient

NHS Organ and Blood Donation Register

If you wish to register on the NHS Organ or Blood Donation Register please self-register on www.nhsbt.nhs.uk or telephone the helpdesk on 0300 123 2323



NHS Summary Care Record



Langport Surgery is supporting Summary Care Records and as a patient you have a choice.

What is the NHS Summary Care Record?

The NHS Summary Care Record is a short summary of your GP medical records. Its intention is to help clinicians in Accident and Emergency, 'Out of Hours' and other health services, that do not know your medical history but wish to provide you with safe, timely and effective treatment.

Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having a Summary Care Record helps you recall vital information when receiving care. Only authorised healthcare professionals providing you with care in England, will be allowed to access your record, this is once they have asked your permission.

What medical information is included in the NHS Summary Care Record?

The **Basic Summary Care Record** contains basic information about:

- Allergies you suffer from
- Medication you are taking
- Any bad reactions to medicines you have previously taken

The **Enhanced Summary Care Record** contains additional information including:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

Please tick a box and sign below:

- Yes I want a **Basic** Summary Care Record (Code as: 9Ndm)
- Yes I want an **Enhanced** Summary Care Record (Code as: 9Ndn)
- No I do not want a Summary Care Record (Code as: 9Ndo)

Name of patient: Date of Birth:

Signature: Date:

If you are completing this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name:

Capacity – please circle one

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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