

FOR RECEPTION USE ONLY

EMIS NUMBER:		FAMILY MEMBERS:	
REGISTERED GP:		APPOINTMENT BOOKED WITH GP:	
PHOTO ID VERIFIED:			
PROOF OF ADDRESS:		CHILD REGISTRATION FORM 0-17 YEARS	

PAVILION SURGERY

2-3 Old Steine
Brighton
BN1 1EJ

www.pavilionsurgery.co.uk

Tel: 01273 685 588

Supplying this information gives consent for us to contact you where medically necessary

Please confirm we have your permission to telephone, text or email you regarding your child's direct care (please circle):

YES NO

Title: (Mr, Miss, Mrs, Ms, Mx, Dr, other)	
Name:	
Date of Birth:	
Sex assigned at birth: <i>We ask for assigned sex to help us screen for sex- specific diseases such as cervical/ prostate cancer</i>	Male Female Prefer not to say
Do they identify with a different gender to their birth gender? <i>Pronouns:</i>	Yes / No <i>Eg. She/her, They/them, He/Him</i>

Patient Guardians

Parent 1	
Relationship status: <i>e.g. Mother, Father...</i>	
Title And Full Name: <i>(Mr, Miss, Mrs, Ms, Mx, Dr, other)</i>	
Address:	
Mobile Number:	
Home Telephone Number:	
Parent 2	
Relationship status: <i>e.g. Mother, Father...</i>	
Title And Full Name: <i>(Mr, Miss, Mrs, Ms, Mx, Dr, other)</i>	
Address:	
Mobile Number:	
Home Telephone Number:	

Who has parental responsibility?	<div style="text-align: center; margin-bottom: 20px;">Parent 1</div> <div style="text-align: center; margin-bottom: 20px;">Parent 2</div> <div style="text-align: center;">Both</div>
Are the parents registered as patients at Pavilion Surgery? <i>(It is mandatory for one parent to be registered)</i>	

Emergency Contact details (if different from last page)*(Someone we can contact if medically necessary)*

Relationship status: <i>e.g. Mother, Father, Spouse, friend, flat mate,...</i>	
Title And Full Name: <i>(Mr, Miss, Mrs, Ms, Mx, Dr, other)</i>	
Address:	
Mobile Number:	
Home Telephone Number:	
Are they registered as a patient at Pavilion Surgery?	Yes / No

Ethnicity

Asian British	Mixed White & Asian	Other :
Black African	Mixed white & Black African	Prefer Not to Say
Black British	Mixed white & Black Caribbean	White Other
Black Caribbean	Other Asian Background	White British

Height	
Weight	
If your child is under 1 year of age: Were they premature?	Yes / No
Where was your child born? <i>(Country and hospital if known)</i>	
Is your child home-schooled?	Yes / No
If no, which school do they attend?	
Names of previous schools (if any):	
Has your child ever been suspended (fixed-term exclusions) or permanently excluded from school?	Yes / No

Name of Health Visitor/School Nurse/Family Support Worker:		
Is your child currently, or ever been, the subject of a Child Protection Plan or a Child in Need Plan?		Yes / No
Is your child currently, or ever been, a 'Looked After' child or 'Child in Care' (i.e. in Foster care or in a children's home)?		Yes / No
Is your child adopted?		Yes / No
Do they have, or have they had, any serious health problems (including operations) or long term conditions? <i>If YES please include details & dates:</i>	Yes / No	
Do you consider them to have a disability? <i>If YES please give brief details</i>	Yes / No/ Prefer not to say	
Are they being prescribed medication?	Yes / No	
Medication <i>For example: Aspirin</i>	Dose <i>For example: 75mg once daily</i>	Reason for medication <i>For example: "I had a stroke"</i>
Which pharmacy would you like their prescriptions sent to?		

Allergies/side effects:

(Such as allergic reactions to medications, bee stings, foods, etc..)

Please book a face to face appointment with your new doctor before you ask for any prescriptions or medications.

If you are going to run out of medication, ask your previous GP surgery for a prescription.

Please note we prescribe according to national guidelines.

Painkillers including Gabapentin and Pregabalin

We do not prescribe opiates or gabapentinoids for long term pain. This includes codeine, tramadol, zopain, dihydrocodeine, gabapentin and pregabalin. If you are taking these drugs for long term pain, we will prescribe a reducing course of these drugs and stop them.

Sleeping tablets

We do not prescribe long term benzodiazepines for sleep problems. This includes zopiclone, zolpidem and temazepam. If you are taking these drugs, we will prescribe a reducing course of these drugs and stop them.

Benzodiazepines

We do not prescribe long term benzodiazepines. This includes diazepam. If you are taking these drugs, we will prescribe a reducing course of these drugs and stop them.

Please sign here to say you have read and understood this page

Signature _____ Name _____ Date _____

Summary Care Record

A Summary Care Record is used in Emergency Care. It contains information about your medicines, allergies & bad reactions to drugs to ensure your carers have enough information to treat you safely.

Your Summary Care Record will be available to authorised staff providing your care in England & will ask permission to look at it.

Should there be an accident or illness, healthcare staff will have immediate access to important information about your health.

A Summary Care Record will automatically be created for you unless you wish to opt out.

*If you do wish to **opt out**, please indicate here:*

Opt OUT