

STATION ROAD SURGERY
69 STATION ROAD, SIDCUP

NEW PATIENT INFORMATION FOR CHILDREN

Dear Patient/Parent

We would like to take this opportunity to welcome you to Station Road Surgery.

In order to be registered at this practice please complete the attached forms:

1. GMS1 Form (purple form) signed and dated by parent - please also note on the form the Mothers name
2. New Patient Immunisation Form - please complete as much as possible for all children UNDER 5 - (except New Babies with no imms yet).

**ONCE YOU ARE REGISTERED YOU WILL BE ABLE TO MAKE
AN APPOINTMENT**

Dr T A ELSEY
Dr R P MONEY
Dr B F S KNIGGE

STATION ROAD SURGERY
69 STATION ROAD
SIDCUP
KENT
DA15 7DS

Tel: 0208 308 4444

NEW PATIENT IMMUNISATION FORM **IMMUNISATION RECORD**

Can you please supply the DATES of any immunisations that your child has already had

Child's Name.....Date of Birth.....

Diphtheria/Tetanus/Pertussis/Polio/Hib

Meningitis C

Meningitis B

Pneumococcal

Rotarix

AT 8 WEEKS.....

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AT 12 WEEKS.....

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AT 16 WEEKS.....

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AT 12 MONTHS

Hib/Men C Booster

1st MMR

Pneumococcal Booster

Meningitis B

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AT 3.5 YEARS TO 5 YEARS

Pre-School Booster

2nd MMR

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OTHER IMMUNISATIONS GIVEN

Name of Immunisation.....

Date Given.....

Name of Immunisation.....

Date Given.....

Name of Immunisation.....

Date Given.....

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. 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 can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: 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 and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

or

☐ Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).

Name of patient:

Date of birth: Patient's postcode:

Surgery name: Surgery location (Town):

NHS number (if known):

Signature: Date:

If you are filling out 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:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6