

**PROOF OF ID REQUIRED: PASSPORT & BIRTH CERTIFICATE (ideally long/full)**  
**If you have a child under 16 years of age, please fill in the following details:**

Childs surname	
Childs first names	
Date of birth	
Ethnicity: Please circle	WHITE BRITISH (9S10)                      WHITE IRISH (9i1) BLACK BRITISH (9iD2)                      BLACK CARIBBEAN (9S2) OTHER WHITE EUROPEAN (9i2R)            BLACK AFRICAN(9S3) OTHER MIXED ORIGIN (9SB4)              CHINESE(9S9) WHITE & BLACK CARIBBEAN (9SB5)        INDIAN (9S6) WHITE & BLACK AFRICAN (9SB6)          PAKISTANI (9S7) MIXED ASIAN (9iA9)                        SRI LANKAN (9iA4) OTHER ASIAN GROUP (9SH)                BANGLADESHI (9SA) ETHNIC GROUP REFUSED (9SD) ETHNIC GROUP NOT STATED (9iG)
Contact number	
Previous address	
Previous GP	
Mothers full name	
Fathers full name	
Is Mother/Father registered or registering at Parkside with child (Please tick appropriate answer)	YES <input type="checkbox"/>  NO <input type="checkbox"/> If no please advise as to why Mother/Father is not registering:
Next of Kin (i.e Mother/Father/Carer)	Name: _____ Relationship: _____ Contact No : _____ Emergency Contact: Yes / No (Please circle)

If you have a child under 5 years of age, please fill in the following table

DATES OF IMMUNISATIONS ALREADY DONE

IMMUNISATION	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	BOOSTER
DIP/TET/Pertussis				
Polio				
Hib				
MMR				
Men C				
Pneumococcal				
Other ( please specify )				

IS YOUR CHILD ALLERGIC TO ANY DRUGS OR SUBSTANCES? IF SO WHICH ONES?

PLEASE LIST ANY OPERATION(S) YOUR CHILD HAS HAD, AND TGE DATE(S) THEY HAD THEM

PLEASE LIST ANY MAJOR ILLNESSES YOUR CHILD HAS HAD AND THE DATES THEY WERE DIAGNOSED (for example: High Blood Pressure, Diabetes, Epilepsy, Heart Disease, Cancer)

PLEASE LIST ALL THE MEDICATION/DRUGS YOUR CHILD IS TAKING ( OR ATTACH YOUR CHILD'S REPEAT PRESCRIPTION DETAILS, IN YOU HAVE ONE , FROM YOUR CHILD'S PREVIOUS SURGERY)

### Data Sharing

**We take the confidentiality of your child's personal and medical information very seriously.**

**When appropriate Parkside Group Practice will share pertinent details of your child's clinical record between the various care professionals who are or will be involved in your child's clinical care ( your child's GP, local hospitals, district nurses, out of hours services, health visitors ect). This data is only used for your child's direct medical care.**

27 Wyche Grove, South Croydon, Surrey CR2 6EX.  
 Telephone 020 8680 2588 Email: [SWLCCG.h83015Communications@nhs.net](mailto:SWLCCG.h83015Communications@nhs.net)  
[www.parksidegrouppractice.co.uk](http://www.parksidegrouppractice.co.uk)

Drs Clementson, Khan, Muhundan, Sreetharan & Shah. Assistants: Drs Burgess, Johnson Garnham, Epperlein & Lamptey  
 Practice Manager: Rebecca Cook

## Summary Care Records (SCR)

NHS England has introduced the SCR, which will be used in emergency care. The record will only contain information about any medicines your child is taking, allergies from which your child suffers and any adverse reactions to medicines your child has had, to ensure those caring for your child have enough information to treat you safely.

Your child's Summary Care Record will be available to authorised healthcare professionals providing your child's care anywhere in England, but they will, where possible, ask your permission before they look at it. This means that if your child has an accident or becomes ill, those treating your child can have immediate access to important information about your child's health.

**I have read the information above, and wish to OPT IN to this service on behalf of my child  
I can change my mind at any time and will notify the practice, in writing, giving adequate notice.**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**There are other occasions when we use your child's data to contact you . You have the option to OPT IN of these on behalf of your child. On the next pages these options are explained and you must sign each section if you wish to opt IN on behalf of your child**

## SMS (Text) Messaging Service – DIRECT CARE

We may use SMS messaging to communicate with patients who have provided us with a mobile number, for the purposes of test results, appointment reminders, health campaigns and feedback. Patient feedback is not presented or published in a way that allows individual's to be identified.

Information sent via an SMS message will include first names and information stating the reason for the message will be kept to a minimum.

Where an important matter is to be conveyed to the patient a letter or other reliable method will be used.

We **do not** currently offer a reply facility unless requested by us in the message.

**I have read the information above, and wish to OPT IN to this service on behalf of my child.  
I can change my mind at any time and will notify the practice, in writing, giving adequate notice.**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE AWARE THAT IF YOU DO NOT SIGN YOU WILL NOT BE SENT APPOINTMENT REMINDERS**

## Email Services – DIRECT CARE

We may use email messaging to communicate with patients who have provided us with an email address, for purposes of test results, appointment reminders, health campaigns and feedback. Patient feedback is not presented or published in a way that allows individual's to be identified.

If you are expecting correspondence via this method, which you have not received, please check your spam folder.

**I have read the information above, and wish to OPT IN to this service on behalf of my child.  
I can change my mind at any time and will notify the practice, in writing, giving adequate notice.**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY NOTICE**

# **HOW WE USE YOUR MEDICAL RECORDS**

### **Important Information for Patients**

- This practice handles medical records in-line with laws on data protection and confidentiality.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we will also share medical records for medical research, for example to find out more about why people get ill.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- You have the right to be given a copy of your medical record.
- You have the right to object to your medical records being shared with those who provide you with care.
- You have the right to object to your information being used for medical research and to plan health services.
- You have the right to have any mistakes corrected and to complain to the Information Commissioner's Office.
- Please see the practice privacy notices on the website or speak to a member of staff who can provide you with a copy.

For more information ask at Reception for a leaflet OR visit our website

[www.parksidegrouppractice.co.uk](http://www.parksidegrouppractice.co.uk)