

Title: _____ Forename: _____ Surname: _____ Date of Birth: _____

Address: _____

Mobile Number: _____ Landline: _____

Please use your personal mobile number and email address. For data protection purposes we cannot record shared email addresses or mobile numbers.

Email Address : _____

Preferred Contact Method: ☐ Mobile ☐ Landline ☐ EmailConsent to SMS Messaging: ☐ Yes ☐ No ID Provided: ☐ Driving License ☐ Passport ☐ Utility Bill

GDPR and Data Sharing:

Summary Care Record (SCR):

This record contains basic information about: Allergies you may have, unexpected reactions to medications and any prescriptions you have recently received. The intention of the SCR is to help clinicians in Emergency Departments and Out of Hours services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your SCR every time they need to (unless it is an emergency i.e. you are unconscious.)

Please tick **one** of the following options:

- ☐ Express consent for medications, allergies and adverse reactions
- ☐ Express consent for medications, allergies and adverse reactions **and additional information**
- ☐ Express dissent (opt-out)

Clinical System Record Sharing:

Due to GDPR, our clinical system, SystmOne (S1), also requires your permission to permit or restrict access to the information entered into your record at each organisation that accesses your record. You can change your consent at any time. Please tick your preferences:

Do you consent to the sharing of data recorded here with any other organisations that may care for you?

☐ Yes – share with other organisations ☐ No – do not share any data recorded at Yealm Medical Centre

Do you consent to the viewing of data by this organisation that is recorded at other care services that may care for you where you have agreed to make your data shareable?

☐ Yes ☐ No Please sign here to confirm your choices: _____

Medical History:

Please list any current illnesses: _____

Are they currently housebound? ☐ Yes ☐ NoDo they have any environmental or drug allergies? ☐ Yes ☐ No If Yes, please list them: _____

Do they have a disability, impairment or sensory loss? Please state diagnosis: _____

Please bring in the child's Red Immunisation Book to ensure our records are up to date**Safeguarding information:**

Who has legal parental responsibility for the child/young person? (this is usually the mother of the child, parents who were married or in civil partnership at time of birth, parents named on birth certificate, parental responsibility agreement, legal adoption or court order in place)

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

Is the child/young person looked after? ☐ Yes ☐ NoPlease circle: *Fostered* *Adopted* *Legal Guardianship*

If this is a Private Fostering arrangement, please give details: _____

Have there ever been any safeguarding concerns raised about the child/young person? ☐ Yes ☐ No

If Yes, please provide details: _____

Is your child a young carer? ☐ Yes ☐ NoDoes your child have a social worker, or have they had support from a social worker within the last 12 months? ☐ Yes ☐ NoDoes your child receive additional support from any other professional agency (e.g., Speech and Language, CAMHS) ☐ Yes ☐ No

If Yes, please provide details: _____

Do you require support for your child to access the service/s specified above following a relocation?

☐ Yes ☐ No

Family History: Have any of your close relatives suffered from any of the below.

High Blood Pressure (Hypertension) ☐ Yes ☐ No **Relation:** _____

Heart Disease under 60 years: ☐ Yes ☐ No **Relation:** _____

Heart Disease over 60 years: ☐ Yes ☐ No **Relation:** _____

Ethnic group: Please tick below your ethnic group.

☐ Arab ☐ Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Black African ☐ Black Caribbean ☐ Irish
Traveller ☐ Mixed Race ☐ Other Asian ☐ Other British Black ☐ Other White Background ☐ White and
Asian ☐ White and Black African ☐ White and Black Caribbean ☐ White British ☐ White Irish

If you do not want ethnicity recorded, please tick here: ☐

Please fill out your information and relationship to the child:

Name: _____ Relationship to child: _____

Date of Birth: _____