

MERTON MEDICAL PRACTICE

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Child Registration Form

GUIDANCE FOR COMPLETING THIS REGISTRATION FORM: PLEASE ENSURE YOU COMPLETE THIS FORM IN FULL. MISSING INFORMATION MAY RESULT IN THE REGISTRATION PROCESS BEING SIGNIFICANTLY DELAYED.

PLEASE MAKE SURE YOU PROVIDE YOUR CHILD'S RED BOOK OR IMMUNISATION RECORD. YOU CAN REQUEST COPY OF THIS FROM YOUR CHILD'S PREVIOUS SURGERY.

Forename(s):	Date of Birth:
Surname:	Gender:
Language spoken:	Name of School (if in schooling age):
Ethnicity:	
Next of kin: (Parent/Guardian)	
Name:	
Relationship:	Contact number:
Email address:	
Are you happy for us to email you regarding any health matter concerning your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STAFF USE ONLY:

Checker's Initials: _____ Date: _____

Patient informed of named GP GP's Initials: _____

Proof of Address Seen

Online Access and SCR boxes Ticked

Form Signed (4 signatures in total – 2 only if no online access)

Practice Leaflet Given

Smear test Appointment details/disclaimer:

Postnatal Appointment Details (if required):

Would you like to have Online Access to your child's records? Yes No

IF THIS IS YOUR FIRST REGISTRATION WITH A GP IN THE UK

Please take the Online Access form with you and submit the request in approximately 1 month time.

IF YOU HAVE BEEN REGISTERED BEFORE WITH A GP IN THE UK

You can submit your request now (in person only). Please make sure you provide a proof of ID.

NOTE TO PATIENT: PLEASE DO FILL THE BELOW ONLINE ACCESS FORM IF YOU ARE ABOUT TO SEND THIS REGISTRATION FORM VIA EMAIL AS WE WOULD BE UNABLE TO VERIFY YOUR IDENTITY. PLEASE PRINT THE FORM AND BRING IT IN WITH A PROOF OF ID INSTEAD.

Online Access to Medical Records

Before you apply for online access to your record, there are some things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

- The practice has the right to remove online access to services for anyone that doesn't use them responsibly.
- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.
- If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Other things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:
Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

I have read through and understand all the information provided in this document.

Signature:	Date:
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Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature:	Date:
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For practice use only

Patient NHS number	Practice computer ID number
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Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>
Authorised by		Date
Date account created		
Date logins sent		
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		