



Ball Tree Surgery – Patient Registration: 0 - 15

IDENTIFICATION CHECK LIST

IDENTIFICATION (Parent or Legal Guardian)

If you are registering a child aged up to 16 we will need to associate your ID with their records to verify their connection to you and their entitlement to be cared for at your address within our practice boundary.

Types of ID

Proof of who you are basic requirement
Proof of where you live proof of entitlement to receive NHS Primary Care GP Services and residency within the Ball Tree Surgery Practice Area

We will need to see at least one item from Column A and one item from Column B (e.g. Passport AND Recent Utility Bill)

We are not permitted to accept the same item for both purposes, even if it appears in both columns

Column A

Who you are...

Proof of Name (at least one of the below)

Current signed passport

Original birth certificate or Adoption Certificate
(UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)

EEA member state identity card (which can also be used as evidence of address if it carries this)

Current UK or EEA photocard driving licence

Full old-style driving licence

Photographic registration cards for self-employed individuals in the construction industry -CIS4

Signing on card
Original notification letter from Benefits Agency
Dated within last 12 months

Firearms or shotgun certificate

Residence permit issued by the Home Office to EEA nationals on sight of own country passport

National identity card bearing a photograph of the applicant

HM Revenue and Customs tax assessment, statement of account, notice of coding (within past 12 months)

National Insurance Number Card

Marriage / Civil partnership certificate
Divorce/ annulment or civil partnership dissolution papers

Home Office documentation:
IS KOS EX or KOS EX2

Police registration document

Column B

Where you live...

Proof of address (at least one of the below)

Utility bill issued within the last three months
Gas / Water / Electricity

Local authority council tax bill for the current council tax year

Current UK driving licence
(but only if not used for the name evidence)

Bank, Building Society or Credit Union statement or passbook (Not a credit card statement)

Original mortgage statement from a recognised lender issued for the last full year

Council or housing association rent card or tenancy agreement for the current year

Signing on card or original notification letter from Benefits Agency. Dated within last 12 months

Inland Revenue self-assessment or tax demand

Electoral Register entry - dated within last 3 months

NHS Medical card

TV Licence

We are very sorry that we are NOT permitted to accept any of the following:

Provisional driving licence
Mobile phone bills

Credit card statements
Library card

Video rental card
Health club card

Private rent book



Ball Tree Surgery – Patient Registration: 0 - 15

NOTES TO HELP YOU COMPLETE THE REGISTRATION QUESTIONNAIRE

It is important that you answer as many questions as you can / that are relevant to you / the patient aged 0-15 who is registering. This is a standard form and so some questions will NOT be relevant to you or to the patient that is registering. Please mark these as N/A or leave blank. Please make sure that all questions marked with # are completed as these are needed to connect to the NHS national computer.

We have provided guidance notes for some questions (marked with a *)

Please read the notes below BEFORE starting to fill in the questionnaire.

NOTES

- Some of the questions on this form are very personal.
- We ask them to help us get to know our patients better and to try to provide a more sensitive and personal service as we value equality and diversity.
- You will see that there is the option to 'prefer not to say' (= leave blank)
- As the person registering is under 16 we need to a parent or legal guardian to complete and sign the form
- The Royal College of General Practice also asks that we have information about the natural birth parents of people under 16 if other than the legal guardian, home situation, school situation (if applicable)

1 Sex – Answer examples

Male / Female / Intersex / Other

2 NHS Number

If you have this it helps us linking to the records at your previous surgery (where applicable)
We may require this if you are unable to provide us with sufficient other identification

3 Ethnicity and Cultural Background - Examples

E.g. Ethnicity / Race = White	White, British	Asian, Indian
E.g. Cultural Background = British	White, Irish	Asian, Chinese
E.g. Ethnicity / Race = Black	Black, African	Mixed White, British Asian
E.g. Cultural Background = African	White, French	Mixed Black, British African

4 Religion - Examples

Prefer not to say, No Beliefs, Atheist, Christian, Jehovah's Witness, Muslim, Jewish

5 Contacts and consents

- We provide an SMS service to send you a text when you book an appointment and send reminders.
- We use SMS and Email to invite you to particular clinics and appointments – such as Flu Jabs or annual reviews for ongoing conditions
- We are also able to send occasional newsletters by email or advisement that patients are able to access certain services such as vaccination clinics. These are very few but are important to let you know about changes in our services that will affect you and your family.
- Ball Tree Surgery will not pass on your details to anyone else
- When you or your child are aged 14 or 15 it may be that you want to ensure that we have his/her/your personal details rather than a parent or guardian's details on our record. **It is your responsibility to keep details updated.**

We **strongly** recommend that you use a personal rather than a joint email account
e.g. jane.smith@gmail.com is better than john.and.jane@gmail.com

We do ask that you keep your email and mobile details up to date with us. If you register for online access you can do this online or you can advise our Reception Team.

Thank you for reading the notes. Please let us know if you have any questions

Paperless Prescriptions (EPS) – IMPORTANT – Tick your preference

Cokeham Rowlands Gills Boots Wilmshurst (✓)

Other _____ Name and address of pharmacy



CONFIDENTIAL REGISTRATION QUESTIONNAIRE: 0 – 15

TO GIVE		INFORM		VIEW ID		OF ADULT									
Carer Form	Cared Form	Named GP Informed	Named GP Allocated	Residence ID	Utility Bill	Bank Statement	Driving Licence	Passport	Photo ID	EMIS No					

WHO IS COMPLETING THIS FORM?

The patient's parent / guardian

You will need to provide your ID

The patient

You will need to have the signature of a parent or legal guardian and they will need to provide ID

We have provided guidance for some questions (marked with a *) in the **GUIDANCE NOTES**.

We cannot register you / your child unless you answer all the questions with # next to them!

Nearest Branch*: Ball Tree Sompting (✓) or Kingfisher Lancing (✓)

Patient Name: Title First name Middle names Surname

Name

Current home address # Home life

Line 1

At school Yes N/A (✓)

Line 2

School name If applicable

Line 3

Housing situation (✓)

Line 4

Living with parent/s / legal guardian/s yes

TOWN

Other arrangements – please detail later on form yes

County

Permanent accommodation (owned or rented) yes

Post Code

Temporary accommodation yes

Date of birth dd / mm / yyyy

Country of birth (e.g. England)

Sex*¹

Place of birth (e.g. Worthing)

NHS Number *²

Nationality (e.g. British)

Culture*⁶ (e.g. Caribbean)

Ethnicity*⁶ (e.g. Black)

Religion*⁷ (e.g. No beliefs, Christian, Muslim)

Previous address If applicable

Previous GP Dr # Previous Surgery Surgery name and address/ town

Home Phone of Parent / Guardian # Mobile Phone of Parent / Guardian (at 16+ these should be updated

to the patient's information)

Email of parent*

Permissions to contact *⁸ (✓) – 8 ticks will help save the NHS - please go digital and say yes!

- YES – Answer Phone Messages
- YES – Receive Texts – Clinical
- YES – Receive Emails – Clinical
- YES – Messages about Results
- YES – Receive Texts – Results
- YES – Receive Emails – Results
- YES – Texts about service change
- YES – Emails about service change

Main spoken language

Need an interpreter Yes/No If yes, Language (e.g. as above / different)

Hearing impaired Yes/No If yes, details (e.g. use BSL / Lip Read / Sign interpreter / hearing aid)

Visually impaired Yes/No If yes, details (e.g. large print)

Registered blind Yes/No If yes, details (e.g. use Braille)

Registered disabled Yes/No If yes, details

Use a wheel chair Yes/No If yes, details (please ask for ground floor appointments)

Have an advocate Yes/No If yes, details

Disability that has a substantial effect on ability to carry out normal day-to-day tasks, please describe anything used to help with mobility, hearing, speaking or understanding? Please state any treatments that cannot have for religious reasons

Please talk to us about any particular needs – such as learning disability etc.

Care – person aged 0 - 15

Is patient a carer? Yes No Does patient have a carer? Yes No (✓) (if different from parent / guardian)

If YES to either of the above please provide further details on our Carers Form

ABOUT Parent or Guardian completing this form

About Parent / Legal Guardian*:

Title	First name	Middle names	Surname
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Name

Sex*1 Male Female # Date of birth / / # Birth country (e.g. England)

Relationship to patient

Are you next of kin Yes No If no, please complete information below

Are you registered at Ball Tree Yes No If no, please complete information below

If NOT registered at Ball Tree or if address different from the patient we need to have full contact information below

Parent's Address (if different / not at Ball Tree)

'Next of kin' (if person filling form is not next of kin)

Line 1

Title Forename Surname

Line 2

Line 3

Relationship

Line 4

Phone

TOWN

Mobile

County

Address

Post Code

Other living arrangements

Birth Parents if not given above – Royal College of General Practitioner Guidance

# Mother - Title	Forename	Surname	# Father - Title	Forename	Surname
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Mobile

Address

Paperless Prescriptions (EPS) – IMPORTANT – Tick your preference

Cokeham Rowlands Gills Boots Wilmshurst (✓)

Other Name and address of pharmacy

Consents for us to support patient care ...

1] Permission for us to leave a telephone message / let someone know patient is in the surgery

2] Permission for us to talk with specific people about patient's medical information

- Talk with a Clinician about patient and records
- Have access to the lists of patient medications
- Have access to patient medical records
- Order patient repeat medications
- Book and change patient appointments
- Have access to patient test results

Choices can be changed at any time – however it is the patient's / parent's responsibility to keep all information with us up to date. At age 16+ decisions should be reviewed and contact details updated.

Agreements - I agree that Ball Tree Surgery can

1] Leave brief messages about patient with... (✓)

Carer Yes

Next of Kin Yes

Other... Yes

2] Share patient's medical information with... (✓)

Carer Yes

Next of Kin Yes

Other... Yes

Summary Care Records (SCR)

Everyone has a Summary Care Record which provides only very basic information about medical history to medical colleagues in emergency situations, such as an Accident and Emergency Department. With permission it is also possible for important additional information to be shared with colleagues in other health organisations such as medical problems, medications and care plans. This is called an Advanced Summary Care Record and we recommend it.

Summary Care Record (✓) recommended Yes 😊

Please note: if you do not say yes above, NHS staff caring for you may not be aware of current medications or allergies. Please only sign below if patient NOT to have an SCR and the consequences are understood if in an emergency.

Patient NOT to have a Summary Care Record 😞 Sign here (not recommended) dd / mm / yyyy



Ball Tree Surgery – Patient Registration – 0 - 15

CONFIDENTIAL HEALTH QUESTIONNAIRE

About medical history (✓)

It can take a significant time for us to receive and then process the medical records from a previous surgery. It is important to let us know about current and significant past medical issues as soon as possible.

Medical condition	Yes	(✓)	Yes	(✓)	Yes
Asthma	<input checked="" type="checkbox"/>	Epilepsy / Fits	<input checked="" type="checkbox"/>	Nervous Disorders	<input checked="" type="checkbox"/>
Cancer	<input checked="" type="checkbox"/>	Glaucoma	<input checked="" type="checkbox"/>	Pre-Diabetes	<input checked="" type="checkbox"/>
COPD	<input checked="" type="checkbox"/>	Heart Attack	<input checked="" type="checkbox"/>	Rheumatic Fever	<input checked="" type="checkbox"/>
Depression	<input checked="" type="checkbox"/>	High Blood Pressure	<input checked="" type="checkbox"/>	Rheumatoid Arthritis	<input checked="" type="checkbox"/>
Diabetes – Type 1	<input checked="" type="checkbox"/>	Kidney Disease	<input checked="" type="checkbox"/>	Skin Disease	<input checked="" type="checkbox"/>
Diabetes – Type 2	<input checked="" type="checkbox"/>	Learning Disability	<input checked="" type="checkbox"/>	Stroke	<input checked="" type="checkbox"/>
Diseases from birth	<input checked="" type="checkbox"/>	Mental Health issues	<input checked="" type="checkbox"/>	TB Tuberculosis	<input checked="" type="checkbox"/>

If a patient has one or more of the conditions above we recommend a regular review. Usually we send out an invitation to come to see us around the month of the patient's birthday.

Current issues	Date (approx.)
<hr/>	<hr/>
<hr/>	<hr/>

Past issues	Date (approx.)
<hr/>	<hr/>
<hr/>	<hr/>

Allergies

We need to know about any allergies, sensitivities or intolerances. These could be to food, substances, pets or medicines. An allergy is when someone has a serious medical reaction when in contact with a substance. It is not when someone has a dislike of something or a preference against something.

Reaction to:	Effect it has:
<hr/>	<hr/>
<hr/>	<hr/>

About FAMILY HISTORY

It can be important to know if your close family have had any of the following conditions - if you are not sure then leave blank. Close family means a direct relation such as a parent, their siblings or grandparent.

Medical condition	WHO	Medical condition	WHO
COPD	<input type="text"/>	Nervous Disorders	<input type="text"/>
Diabetes – Type 1	<input type="text"/>	Diseases from birth	<input type="text"/>
Diabetes – Type 2	<input type="text"/>	Cancer	<input type="text"/>
High Blood Pressure	<input type="text"/>	Kidney Disease	<input type="text"/>
Heart Attack	<input type="text"/>	Glaucoma	<input type="text"/>
Stroke	<input type="text"/>	Rheumatic Fever	<input type="text"/>
Epilepsy / Fits	<input type="text"/>	TB Tuberculosis	<input type="text"/>
Asthma	<input type="text"/>		<input type="text"/>
Skin Disease	<input type="text"/>		<input type="text"/>

Parental / Guardian Signatures

I have read the notes and understand the services and consents that I have indicated.
I agree that if I have provided any shared contacts for mobile and email that I understand that Ball Tree may send personal information about the patient on this form to anyone who can access my devices and accounts. I confirm that all the personal information is correct and that the person aged 0 – 15 is entitled to receive NHS Primary Care.

# Signed	Dated	dd / mm / yyyy
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