



This form is to register a **newborn baby** as an NHS patient with Sunbury Health Centre Group Practice.
 Please complete the details below in CAPITALS and delete as appropriate at the *.
 Once completed **please bring to the health centre reception.**

*Mr / Mrs / Miss / Ms _____

Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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First Name(s) _____

NHS No _____

Previous Surname(s) _____

***Male / Female** _____

Town & Country of Birth _____

Home Address _____

_____ **Postcode** _____ Is this a residential Home? **Yes / No**

Phone Number: **Home** _____ **Work** _____ **Mobile** _____

Email Address _____

Ethnic Group (*please circle*)

White UK **White European** (*please specify*) _____ **Irish** **Black** **Caribbean** **Black African**

Black Other **Indian** **Pakistani** **Bangladeshi** **Chinese** **Other Ethnic** (*please specify*) _____

First language: English - **Yes / No** If **No**, please specify _____

NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. **Please circle** as appropriate:

- Kidneys • Heart • Liver • Corneas • Lungs • Pancreas • Tissue • Any part of my body

Signature confirming consent to organ donation

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

For more information, please visit the National Blood Service website www.blood.co.uk

My preferred address for donation is: (*only if different from your current address, e.g. your place of work*)

Family History

Serious illness in your close family (*please circle*)

- Blindness
- Glaucoma
- Stroke
- Blood Pressure
- Diabetes
- Heart Attack
- Epilepsy
- Asthma
- Depression
- Cancer
- Sudden Death

If you are registering a child under 5, please tick if appropriate

I wish the child above to be registered for Child Health Immunisations

PLEASE SIGN BELOW as *signature of patient or *on behalf of patient

..... Date _____

Name: _____

Relationship to patient: _____

Summary Care Record

YOUR NAME: _____ DATE OF BIRTH: _____

Sunbury Health Centre Group Practice offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The intention is to help clinicians in A & E Departments and 'Out of Hours' health 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 Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Please choose one of the following options:

- Express consent for medication, allergies, and adverse reactions only
- Express consent for medication, allergies, and adverse reactions AND additional information
- Express dissent (opt out) – Patient does NOT want a Summary Care Record

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action.

Signed _____ Date _____

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.**