



www.castlemedicalgroup.co.uk

118 Burton Road  
Ashby de la Zouch  
Leicestershire  
LE65 2LP  
T: 01530 414131

**PLEASE ALLOW AT LEAST 7 WORKING DAYS FOR THE REGISTRATION TEAM TO DEAL WITH YOUR REGISTRATION BEFORE YOU TRY TO BOOK AN APPOINTMENT.**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form. **Fields marked with an asterix (\*) are mandatory.**

|  |  |          |
|--|--|----------|
| * <input type="checkbox"/> Male <input type="checkbox"/> Female  |  |          |
| *Title   | *First names   | *Surname |
| *Date of birth   |  |          |
| *NHS Number No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |          |
| You will find this in baby's Red Book  |  |          |
| *Town and Country of birth   |  |          |
| *Home address  |  |          |
| *Postcode  |  |          |
| *Home telephone no.  | * Mobile no. this will be used for appointment reminders and contact on behalf of baby |          |

|  |  |  |  |
|--|--|--|--|
| <b>What is your baby's ethnic group?</b> |  |  |  |
| <b>White</b>                             | <input type="checkbox"/> British                 | <input type="checkbox"/> Irish           | <input type="checkbox"/> Other White (please specify): |
| <b>Black</b>                             | <input type="checkbox"/> Caribbean               | <input type="checkbox"/> African         | <input type="checkbox"/> Other Black (please specify): |
| <b>Asian</b>                             | <input type="checkbox"/> Indian                  | <input type="checkbox"/> Pakistani       | <input type="checkbox"/> Other Asian (please specify): |
| <b>Mixed</b>                             | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & African | <input type="checkbox"/> White & Asian                 |

|  |
|--|
|  |
|--|

**Medication**

We have the facility to prescribe your child's medication and send it electronically to a nominated pharmacy, i.e. we do not issue you with a paper prescription. There is a practice turnaround of 48 hours with an additional pharmacy turnaround of 48 hours.

The following are the local pharmacies :- Boots  Dean & Smedley  Ashby Pharmacy  Tesco Pharmacy

**Please tick your child's preferred pharmacy**

**Data Sharing****Summary Care Record (SCR)**

The SCR is a summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information.

**More information can be found by visiting [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)**

**Consent****Patients Summary Care Record (SCR) Consent Preference:**

- Express consent for medication, allergies, adverse reactions and additional information  Yes  No

- Express dissent – patient does not want a Summary Care Record  Yes  No

**SystemOnline – online access to medical records**

Once your child's application to join our practice has been accepted you'll be able to order their repeat medications, book appointments and view certain aspects of their medical record online. This service is provided by our medical system supplier and is called **SystemOnline**.

Once your child is a fully registered patient of our practice you can obtain a User ID and Password from Reception to apply for proxy access.

**\*Parental responsibility – please list people with parental responsibility for the child**

\*Person 1

\*Person 2

\*Signature of parent / guardian

Date

ADMIN STAFF ONLY - documentation checked?

Initials

Date