



REGISTRATION FORM (UNDER 18 YEARS OLD)
At least one parent and/or guardian to be registered at the Practice

Details of person filling in the form: What relationship do you have to the child: e.g. Parent, Step Parent, Guardian, Foster Carer.	First Name: Surname: Address:
---	---

Childs Details:

Surname:	First Name:
Date of Birth:	Sex: Male/Female
Address: (If different from above)	Contact Details:
Post Code:	Home Telephone:
Childs First Language:	Mobile Number:
Childs Country of Birth:	Ethnicity:
	If from Overseas, when did the child enter the Country:

Family Details:

Mothers Full Name:	Fathers Full Name:
Date of Birth:	Date of Birth:
Names and Date of Birth of Siblings:	

Name and Relationship to child of any other household members:

Address of Mother/Father if different from child:

Name and address of most recent school/nursery:

Health Information:

- Has the child any major illnesses, operations, chronic illnesses e.g. Asthma, diabetes, disabilities:

Yes No

Please enclose dates:

- Any current or regular medication:

Yes No

If Yes Please list below:

- Does your child have any allergies/sensitivities:

Yes No

If Yes Please list below:

- Immunisations:

Please bring child's red book, or proof of vaccinations.

If you are unable to provide proof that your child has up to date immunisations in line with Public Health England, then your child will be started on the immunisation programme again.

Yes No

Has your child had the covid vaccine?

Yes No

If yes, What date was it given. _____

- If your child has not had their immunisations in the UK, please state which Country they were given and provide proof of vaccines.

Families Receiving Additional Support:

- Does your child have a Social Worker?

Yes

No

If yes please provide Name, Address and contact number:

- Is the Child in a Care Home/Fostered?

Yes

No

- Who has Parental Responsibility?

Signature: _____

Date: _____



College Health Ltd
Patient Contract

The Surgery Patient Relationship – essential to have a good outcome for all

We at College Health believe that it is important for us to set out the main responsibilities that patients and doctors have in order to ensure a good doctor/patient relationship. This is because it will have huge benefits for the patients in terms of their health needs and outcomes but also be rewarding for the doctor to not only recognize these but have made a positive outcome that can greatly benefit a patient's life for the better.

We ask our patients to read the following paragraph, which sets out what the surgery expects from our patients and what our responsibilities are to you.

You the patient's parent/guardian

Realizes that health problems need the attention of both the clinician and the patient. The clinician gives advice sincerely with the patient's best interest at heart and acts accordingly and the patient takes the advice after mutual discussion and after he/she has understood the problem and sees how it can be managed.

This is fundamental and essential to having a good working clinical team and patient relationship.

The patient has respect for the surgery team and his/her clinical judgement in striving for the best patient care.

The patient realizes his/her own best interests are fulfilled by co-operating with the clinicians.

The patient's actions and attitudes naturally harmonize and are in parallel with the clinician's advice, recommendations and treatment plan. These are jointly discussed and they both share a common goal for better future health outcomes.

The clinical team

- Engages and empathises with the patient and addresses the patient's needs to the best of their ability.
- Strives for health promotion, screening and more attention to maintaining good health.
- Always acts in the best interest of the patient irrespective of race, creed or gender and irrespective of external pressures.

In summary we request that patients:

- Keep their appointments and cancel if unable to attend. This avoids wastage of valuable appointments.
- Attends health promotion checks and screening when invited
- Complies with their medication and all reviews relating to your health which may include long term condition reviews and medication reviews on a regular basis.
- It is the patients responsibility to book medication reviews, and request monthly medication when needed on time.
- Medications will only be issued when due, and not before.
- Is respectful of all staff who work hard to do their best for our patients – we operate a zero tolerance policy to aggressive and abusive behaviour.
- Please understand the financial pressure GP's face due to financial constraints within the NHS and help us to avoid wastage by avoiding requesting over the counter drugs that can be purchased. Requesting drugs that may not be in our formulary and understand that the doctor may offer an alternative but equally effective drug.
- Understand that referral requests are a huge pressure and we should work together to manage this in the most effective way. Referrals are always done if clinically indicated and the decision is with the GP after discussion with the patient.

Finally:

Use services in the correct way e.g. GP Surgery, Out of Hours service, A&E

1. The right place
2. At the right time
3. For the right problem

Thank you for your co-operation.



Dr C Olukanni
Medical Director
College Health

Signature of parent/guardian of the patient

Date:

For Official Use Only

Any child with a "Yes" to any of the questions asked (except allergies), needs to have a routine appointment booked to see the GP at Registration.

Has the child been offered an appointment with the GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If appointment has been booked please add comment for the reason for appointment.		
Has the Red book been presented and photocopied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Identity and Address been Checked? Documents accepted (only one needed):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child benefit form	<input type="checkbox"/>	<input type="checkbox"/>
NHS Card	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>
Has Parental responsibility been established: Documents accepted (only one needed):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Red Book	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>
Who checked form?		
Date:		

