

ALL NEW PUPILS

School Medical Card

Parents of all new pupils are requested to complete a School medical card online prior to the start of term. This will be available online via the parent portal and once you have received a log in you will be sent a link from general office requesting its completion.

The School Medical Card should be completed in full and the consent signed via the parent portal online.

It is sent to the school Medical Centre, but some information such as allergies etc. is shared with relevant staff at the School.

Please also note the Homely medicines policy and Receipt of medicines Protocol.

ALL NEW BOARDING PUPILS

A. School Medical Card

Parents of all new pupils are requested to complete a School medical card online prior to the start of term. This will be available online via the parent portal and once you have received a log in you will be sent a link from general office requesting its completion.

B. Local Doctor Registration

In addition to the school medical card online, boarding parents must also complete 3 paper forms outlined below for the local doctor registration.

1. GMS1 NHS form
2. New Patient Registration Health Questionnaire
3. Child Questionnaire must also be submitted.

1. GMS 1 NHS form (paper form)

This is for the local doctor.

This form (2 pages) is to Register with the NHS. The National Health Service provides UK wide care in hospitals and local doctors surgeries. Once registered students will receive an NHS number which can be used all over the UK.

The home address on this form should be the School address where your child will be living as a boarder.

Barnard Castle School, Newgate, Barnard Castle, County Durham

Postcode: DL12 8UN Telephone: 01833 690222

If the student hasn't previously lived in the UK and utilised the NHS then the Barnard Castle School will be the first UK address.

Please sign at the bottom

NHS Family doctor services registration GMS1

Please complete in BLOCK CAPITALS and tick as appropriate

Patient's details

Mr Mrs Miss Ms Surname: _____
Date of birth: _____ First names: _____
NHS No: _____ Previous surnames: _____
Sex: Male Female Town and country of birth: _____
Home address: _____
Postcode: _____ Telephone number: _____

Please help us trace your previous medical records by providing the following information

Your previous address in UK: _____
Address of previous doctor: _____

If you are from abroad

Your first UK address where registered with a GP: _____

If previously resident in UK, date of leaving: _____ Date you first came to live in UK: _____

If you are returning from the Armed Forces

Address before enlisting: _____

Service or Personnel number: _____ Enlistment date: _____

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

I live more than 1 mile in a straight line from the nearest chemist *Not all doctors are authorised to dispense medicines
 I would have serious difficulty in getting them from a chemist

Signature of Patient: _____ Signature on behalf of patient: _____ Date: ____/____/____

© NHS 2012 Please see overleaf re: Organ donation

BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. The information will help us meet your healthcare needs. Please bring the completed form with proof of identity to reception.
As your medical notes may take some time to reach us, we would like to take the opportunity of inviting you to make a 20 minute appointment (40 minutes for a family) for a New Patient Check with our Health Care Assistant. During this appointment she will make a note of medical problems and check your current state of health. We would be grateful if you could fill in the questionnaire before the appointment and if you could bring a urine sample with you for testing (sample bottles available from the reception desk at the Surgery).
To make an appointment please telephone 01833 690409.

Your Contact Details	
Title	Date of Birth
Surname	NHS Number
First Name(s)	Sex
Preferred Calling Name	Occupation
Previous Surname	Medical Status
Home Address	
Postcode	
Home Telephone	Work Telephone
Mobile Telephone	Email
Next of Kin	Relationship to Patient
Next of Kin Address	
Next of Kin Contact Number	

2. New Patient Registration (paper form)

This is for the local Doctor.
It is 6 pages.
It must be signed on page 6.

The home address will be:
*Barnard Castle School,
Newgate,
Barnard Castle,
County Durham
Postcode: DL12 8UN Telephone: 01833 690222*

BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

ADDITIONAL INFORMATION FOR CHILDREN

Please complete the following details about your family and leave this information at reception. Information will be shared with the Health Visitor (for pre-school children) or the School Nursing service (if school age).

Details of Child	
Name	
Date of Birth	
Protection Plan / Foster Care Information	
Is this child subject to a child protection plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child in:	
<input type="checkbox"/> Foster care	
<input type="checkbox"/> Private foster care	
<input type="checkbox"/> None of the above	
Parents / Guardians Details	
<input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	
First name	
Last name	
Contact Number	
<input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	
First Name	
Last Name	
Contact Number	

3. Questionnaire Additional Information (paper form)

This is for the local doctor.
All children under 18 should also have the Questionnaire Children (2 pages) completed.