Todays Date:

**New Patient Registration Form (Children: under 16s)**

**Instructions for completing this form on behalf of a Child**

1. Complete a separate form for each child to be registered

2. Complete in BLOCK CAPITALS and tick the boxes and fill in each section as appropriate

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| **1.** | **First Name** | **Surname** |
| **Title: Master** [ ]  |  **Miss** [ ]  | **Mobile number:** |
| **NHS No:**  | **Home Number:** |
| **Current Address:****Post Code:** | **E-mail address:** |
| **Previous Address:****Post code:**  | **Next of Kin:** |
| **DOB:**  | **Gender:****Male**[ ] **Female** [ ]  | **Relationship to child:** |
| **NOK contact number:** |
| **Date came to the UK:** | **Town and country of birth** | **Mothers Name if different:** |
| **Main spoken language:** |
| **Previous GP:** | **Fathers Name:** |
| **Name of School or Nursery:** | **Name of Health Visitor:** |
| **Please list other resident/siblings living at your home:****Name: DOB:****1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **2.** | **Looking after a family member** |
| **Is your child looking after someone?** Let us know if your child is looking after someone who is ill frail, disabled or has mental health and/or emotional support needs, or substance misuse problems. | **Yes**[ ]  **No**[ ]  |
| **Is someone looking after your child?**Let us know if a family member, friend or neighbour looks after your child. | **Yes**[ ]  **No**[ ]  |
| **Carers name:** | **Relationship to your child:** |
| **Telephone number of carer:** | **Is your child’s carer registered with us?** |
| **Address of Carer:** |
| **Does your child have a Social Worker?** | **YES**[ ]  **NO**[ ]  |
| **Name of Social Worker:** | **Borough and telephone number of social worker:** |
| **Does your child have a child minder?** | **YES**[ ]  **NO**[ ]  |
| **Name of childminder:** |  |
|  |  |  |

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| **3.**  | **Your Childs preferred spoken language:****Please select your preferred spoken language from the list below:**[ ]English [ ]Welsh [ ]Gaelic [ ]British Sign Language [ ]Makaton Sign Language[ ]Akan [ ]Albanian [ ]Amharic [ ]Arabic [ ] Bengali & Sylheti [ ]Cantonese [ ]Creole [ ]Dutch [ ]Ethiopian [ ] Cantonese and Vietnamese[ ]Farsi [ ]Finnish [ ]Flemish [ ]French [ ]French Creole [ ]German [ ]Greek [ ]Gujarati [ ]Hakka [ ]Hausa [ ]Hebrew [ ]Hindi [ ]Igbo [ ]Italian [ ]Japanese [ ]Korean[ ]Kurdish [ ]Lingana [ ]Luganda [ ]Malaysian [ ]Mandarin [ ]Pashto [ ]Patois [ ]Norwegian [ ]Portuguese [ ]Polish [ ]Punjab [ ]Russian [ ]Serbian / Croatian [ ]Sinhala[ ]Somali [ ]Spanish [ ]Swahili [ ]Swedish [ ]Syheti [ ]Turkish [ ]Thai [ ]Urdu [ ]Vietnamese [ ] OTHER \_\_\_\_\_\_\_\_\_\_\_ |
| **Your Childs Ethnic Origin:**[ ]British or Mixed British [ ]Other Mixed Background [ ]African[ ]Irish [ ]Indian or British Indian [ ]Other Black Background [ ]Other White Background [ ]Pakistani or British Pakistani [ ]Chinese[ ]White and Black Caribbean [ ]Bangladeshi or British Bangladeshi [ ]Caribbean [ ]White and Black African [ ]Other Asian Background [ ]White and Asian[ ]Other |
| **Does your child need help with mobility/hearing/speaking?** | **YES**[ ]  **NO**[ ]  |
| **If yes what type of help do they need?** |  |
| **Is your child housebound?** | **YES**[ ]  **NO**[ ]  |
| **If yes why?** |  |

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| **4.** | **Medical Background** |
| **Does your child have a chronic medical condition?** | **YES**[ ]  **NO**[ ]  | **Comment:** |
| **Has your child had any operations?** | **YES**[ ]  **NO**[ ]  | **Comment:** |
| **Has your child had any injuries?** | **YES**[ ]  **NO**[ ]  | **Comment:** |
| **Does your child have a learning disability?** | **YES**[ ]  **No**[ ]  | **Comment:** |
| **Please list all medication prescribed:** |  |
| **Does your child have any allergies?** | **YES**[ ]  **No**[ ]  | **Comment:** |
| **Does your child smoke:** | **YES**[ ]  **No**[ ]  | **Comment:** |
| **Is your child exposed to smoke?** | **YES**[ ] **No**[ ]  | **Comment:** |

**VACCINATIONS:** *Which has your child had and when?*

|  |  |  |  |  |  |
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| **Age** | **Immunisation** | **Date** | **GP Surgery** | **Private** | **Abroad** |
| 2 months | 1st Diphtheria,Tetanus, Pertussis |  |  |  |  |
| 1st Polio |  |  |  |  |
| 1st HIB |  |  |  |  |
| 1st Pneumococcal Vaccine |  |  |  |  |
| 1st Rotavirus |  |  |  |  |
| 1st Meningitis B |  |  |  |  |
| 3 Months | 2nd Diphtheria,Tetanus, Pertussis |  |  |  |  |
| 2nd Polio |  |  |  |  |
| 2nd HIB |  |  |  |  |
| 1st Meningitis C |  |  |  |  |
| 2nd Rotavirus |  |  |  |  |
| 4 months | 3rd Diphtheria, Tetanus, Pertussis |  |  |  |  |
| 3rd Polio |  |  |  |  |
| 3rd HIB |  |  |  |  |
| 2nd Pneumococcal Vaccine |  |  |  |  |
| 2nd Meningitis B |  |  |  |  |
| 12 months | Hib/Menc Booster |  |  |  |  |
| 13 months | MMR (Measles,Mumps,Rubella) |  |  |  |  |
| 3.5-5 years | MMR Booster(Measles,Mumps,Rubella) |  |  |  |  |
| Pre-School Booster Diphtheria, Tetanus, Pertussis & Polio |  |  |  |  |
| 13-18 Years | Booster Diphtheria, Tetanus & Polio |  |  |  |  |
| 1st Meningitis ACWY |  |  |  |  |