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:**  **MaleFemale** | | **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?** | **YESNo** | **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 |  |  |  |  |