



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:

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

Yes No

Please enclose dates:

2. Any current or regular medication:

Yes No

If Yes Please list below:

3. Does your child have any allergies/sensitivities:

Yes No

If Yes Please list below:

4. 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

Families Receiving Additional Support:

1. Does your child have a Social Worker?

Yes No

If yes please provide Name, Address and contact number:

2. Is the Child in a Care Home/Fostered?

Yes

No

3. Who has Parental Responsibility?

Signature: _____

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:		