

Dear Parent/Guardian

By answering the questions on this form you will be helping us to deliver better services to your child. It is hoped that this will give us a better picture of the local population, which will help in planning new services and changing existing ones.

We encourage all patients to complete this form on behalf of your child. The information you provide will be treated in the strictest confidence. Information you give will be treated in the same way as other information we hold within the health service and will not breach the Data Protection Act 2003. As has always been the case, no names or other identifying details are released from the practice when information is used for health service planning.

If you need any help to fill in this form, or have any queries regarding this form, please feel free to ask the reception team.

Thank you for your help.

Registration Details

Master Miss Other

Surname _____

DOB ____ / ____ / ____

First Name(s) _____

Previous Surname _____

NHS Number _____

Male Female

Home Address

Telephone Number: 020 _____

Mobile Number _____

E-mail Address (*this will only be used for surgery correspondence*) _____

Place of Birth

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

Previous Address in the UK

Name and Address of your previous doctor

If you are from abroad

Your first UK address where registered with a GP

Date you entered the UK _____

Family Details

Mother's Name	
Father's Name	
Child's Next of Kin	Mother, Father, or Other (please specify name and telephone number below)
	Name:
	Number:

Brothers, Sisters or other children's details living in your home

Surname	First Name	Date Of Birth

Child Contacts

Please provide contact details (name, address, phone number, email address) for the following;

Child Minder

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Nursery

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School

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Child Examinations

Please indicate which child examinations have been carried out

6 Week Examination	Date:
7-9 Month Examination	Date:
2 Year Examination	Date:
3 ½ Year Examination	Date:

Immunisations

Please indicate which immunisations have been given to your child. You may provide a photocopy of your child's Red Book instead.

BCG (Usually given before child's 1 st birthday)	Date:
DTaP/IPV/Hib/HepB and PCV and Rotavirus (8 Weeks)	Date:
DTaP/IPV/Hib/HepB and Rotavirus (12 Weeks)	Date:
DTaP/IPV/Hib/HepB and PCV and MenB (16 Weeks)	Date:
Hib/Men C PCV Men B MMR (12 months old)	Date:
Measles, Mumps, Rubella (15 months old)	Date:
DTap/IPV or dTAP/IPV MMR (3 years 4 months)	Date:
HPV (girls only aged 12 – 14yrs)	1 st Jab Date: 2 nd Jab Date: 3 rd Jab Date:
dT/IPV MenACWY (Around 14 years (School years 9/10))	Date:

If there are any other vaccines your child has had that are not listed above please use the space below to provide the details of the jab, name and date they were given.

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General Health

Has your child had any serious illnesses or operations in the past, if so please give details in this space.

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Does your child have any current medical conditions?

Name of condition	Current treatment / Medication?

Does your child have any allergies?

Medication	Food	Any Other Allergies

PATIENT DECLARATION

Anybody in England can register with a GP practice and receive free medical care from that practice.

The NHS is the UK's state health service which provides treatment for UK residents. Some services are free, other have to be paid for.

A person who is regarded as ordinarily resident in the UK is eligible for free treatment by a GP. A person is 'ordinarily resident' for this purpose if lawfully living in the UK for a settled purpose as part of the regular order of his or her life for the time being. Anyone coming to live in this country would qualify as ordinarily resident. Overseas visitors to the UK are not regarded as ordinarily resident if they do not meet this description. If you are not a 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

I confirm that I reside in the UK and am entitled to receive FREE NHS Treatment

I declare that the information I give on this form is correct. I understand that if it is not correct, appropriate action may be taken against me

Signed:	Date:
Print name:	Relationship to Patient: