

**REGISTRATION FORM (under 18 years old)**

**At least one parent/guardian needs to be registered at the Practice**

**To complete the registration process, ALL new patients are seen by the Healthcare Assistant for a New Patient Update**

**PLEASE WRITE IN BLOCK CAPITALS**

**PERSONAL INFORMATION**

Your First Name:.....Surname.....

Relationship to the child:.....

Child Date of Birth: ..... Gender: M / F

First Names: ..... Surname: .....

Address: .....

Telephone Number:

Home: ..... Mobile: .....

Area & Town of Birth (if in UK).....

Country of Birth ( if not UK).....

If from overseas, when did you enter the country ?.....

Mother's name: .....DoB.....

Address if different from the child.....

Father's name:.....DoB.....

Address if different from the child.....

Siblings: .....DoB.....

.....DoB.....

.....DoB.....

Name and relationship to the child of any other household members:

.....

.....

.....

Parent/Guardian registered at BGGP.....

Primary Carer.....

Who has parental responsibility?.....

(Note – It is always the mother and also the father if parents married when/since the child was born or for children born in England and Wales after 1<sup>st</sup> December 2003, also the father if on the Birth Certificate. Father doesn't lose Parental Responsibility after divorce)

Name and Address of present school or nursery

.....

**Previous GP** – please give details

.....

**Current Social Worker**    Yes     No

If Yes, give their name and address (which borough if address not known)

.....

.....

.....

**Previous Social Worker**    Yes     No

If Yes, give their name and address (which borough if address not known)

.....

.....

.....

**Is the child in a care home or fostered?**    Yes     No

.....

## **HEALTH INFORMATION**

**Is the child being treated for any medical problems, e.g: Asthma, Diabetes or any other condition?**    Yes     No

*If Yes, give details*.....

**Has any disabilities**    Yes     No

*If Yes, give details*.....

**Had any operations**    Yes     No

*If Yes, give details*.....

**Has any allergies**    Yes     No

*If Yes, give details*.....

***Is the child under hospital treatment for any condition?***    Yes     No

*If Yes, please state dates and reasons*.....

.....

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***Has the child attended A&E in the last 2 years? Yes  No***

***If Yes, please state dates and reasons.....***

.....

***Is the child on regular medication? Yes  No***

***If Yes, give details:.....***

.....

If the child is on long term medication for any medical condition you will initially need to see a doctor to obtain a prescription.

**DATE: .....**

**NAME: .....**

**SIGNATURE: .....**

**Parent / Guardian (*delete as appropriate*)**

## **Childhood Immunisations**

Please bring the red book or (only if you don't have one) please fill in below.

Do you agree to immunise the child?    Agree     Refuse

Signature.....Date.....

<b>Childhood Immunisations Record</b>
<b>at 2 months old:</b>
1 <sup>st</sup> DTP/Pert, Hib, 1 <sup>st</sup> Pneumococcal, Rotavirus
Date given:
Place given:
<b>At 3 months old:</b>
2 <sup>nd</sup> DTP/Pert, Hib & 1 <sup>st</sup> Meningitis C, Rotavirus
Date given:
Place given:
<b>at 4 months old</b>
3 <sup>rd</sup> DTP/Pert, Hib and 2 <sup>nd</sup> Pneumococcal
Date given:
Place given:
<b>at 12/13 months</b>
Boosters Hib & Meningitis C
Date given:
Place given:
<b>at 12/13 months</b>
MMR & 3 <sup>rd</sup> Pneumococcal
Date given:
Place given:
<b>at 3½ to 4 years</b>
Pre-School Booster
Date given:
Place given:
MMR Booster
Date given:
Place given:

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## For office use only

**ANY CHILD WITH A 'YES' TO ANY OF THE QUESTIONS ASKED NEEDS TO HAVE A ROUTINE APPOINTMENT WITH A DOCTOR BOOKED AT REGISTRATION**

Has the child been offered appointment with doctor? Yes  No

Has an appointment been made? Yes  No

If appointment booked please add a comment to the appointment slot stating the reason for the appointment as per the registration form.

Red Book Submitted and photocopy to nurse? Yes  No

Or

Child Immunisation Record Table completed Yes  No

Agrees to immunisation? Yes  No

If no, parent to sign the disclaimer form.

Has the identity and address been checked? Yes  No

Documents accepted (one only needed) - Tick which one

- Child benefit form Yes  No

- NHS card Yes  No

- Passport (for those who do not have document above)  
Yes  No

Has Parental Responsibility been established? Yes  No

Documents accepted (only one needed) - Tick which one

- Birth certificate Yes  No

- Red book Yes  No

- Passport (If neither of the above available or born outside the country)  
Yes  No

Please state who has parental responsibility:

.....

Who checked the form?

(staff signature) .....

Date: .....