



New Patient Registration Child



Personal Details

First Name:		Middle Name:	
Surname:			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: DD / MM / YYYY	
Country of Birth:		Town of Birth:	
Date of Entry (if born outside of UK):			
Ethnicity:	White British <input type="checkbox"/> Irish <input type="checkbox"/> Any other <input type="checkbox"/>		Mixed White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other <input type="checkbox"/>
	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other <input type="checkbox"/>		Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other <input type="checkbox"/>
	Other Ethnic Groups Any other ethnic group _____		
Spoken Language:			

Contact Details

Address:	
Postcode:	
Home Telephone:	Mobile Number:
E-mail Address:	

Information Sharing

The Practice may need to share your child's medical information with other organisations involved in the delivery of child's care e.g. Podiatry or District Nursing. The Practice will not share identifiable information with anyone that isn't involved in your care unless legally required to. Are you happy for the Practice to **Share Out** your child's full medical records electronically with other services involved in your child's care and/or to view (**Share In**) medical records held by other services?

*Please tick here if you **do not** want your child's information to be shared:*

Medical Questionnaire

Previous Registered GP Practice:

Please state any other medical conditions that we need to be aware of:

Please state any medication that the child is currently taking (please include dose and frequency):

Please state any allergies you may have:

Is your child up to date with their childhood immunisations? Yes No

Please bring a copy of your child's Personal Health Record (RED BOOK) to your child's first appointment.

Additional Needs

At Guildhall Walk, if your child has any additional needs, you can complete a 'Medical Passport'. The aim of this is to ensure that our clinical and non-clinical staff are aware of how to best to support your child whilst they are at the surgery. It will then be scanned onto your child's electronic file with an alert for staff to read it prior to any clinical interaction. **If you would like a Medical Passport please ask Reception.**

Parental Responsibility

Name of Parent/Guardian 1:

Relationship to child:

Parent/Guardian Telephone Number:

Address (If different to child):

Postcode:

Name of Parent/Guardian 2:

Relationship to child:

Parent/Guardian Telephone Number:

Address (If different to child):

Postcode:

Additional Information

Name and address of current School/Nursery: