New Patient Registration Form (Child: under 18 years)

Whilst we are waiting for your child's full medical records from their last doctor, it would help us if you could take the time to complete this questionnaire so that your child's care is transferred as seamlessly as possible. Please bring your child's red book so we can access information on their immunisations.

1	**Your child's personal details:**			
	Full Name:		Date of birth	
	Gender :	Male☐ Female ☐ Unspecified ☐	NHS number	
	Current address:		Home telephone number	
	Previous address (if you have changed address in the last year)		Mobile telephone number	
			Email:	

2	**Your child's previous surgery** **Please help us trace your previous medical records by providing the following information**	
	Your previous address in UK :	
	Name of previous GP :	
	Address of previous doctor :	

3	**Information about the child's parents / carers**		
	Are you the child's biological/ birth mother or father?	Yes ☐ No ☐ Are you: Mother ☐ Father ☐	Name: Address – Same as listed above ☐ Different – please supply
	Name of biological parent not listed above	Mother ☐ Father ☐	Name: Address – Same as listed above ☐ Different – please supply
	If you are the biological father do you have *parental responsibility*? ***What is parental responsibility?*** A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either (a) married to the child's mother or (b) listed on the birth certificate (from 1 December 2003) or (c) getting a parental responsibility agreement with the mother (d) getting a parental responsibility order from a court		Yes ☐ No ☐
	If you are the birth / biological parent please proceed to section 3 – you do not need to complete		

	the rest of this section.			
	If the answer to this is no please complete the remainder of this section:			
	What is your relationship to the child?	Adoptive parent ☐ Foster carer ☐Private fostering arrangement ☐ Special Guardianship Order ☐ Other☐ (please explain)		
	Do you have parental responsibility for the child ? (see what is parental responsibility above)	Yes ☐ No ☐	If no please state who holds parental responsibility:	
	How long have you been caring for the child?	Length of stay: Is this longer than 28 days Yes ☐ No ☐		
	Is this child currently : Yes ☐ No ☐	Homeless ☐	A refugee ☐	An asylum seeker ☐
	Is this child a looked after child under the care of the local authority?	No ☐	Yes ☐ In what capacity ? Temporary ☐ Permanent ☐ Which local authority? Name of social worker?	

4	**Household composition – who else lives in the home? Eg: other family members , lodgers etc**		
	Name	What is their relationship to the child?	Registered with us?
	If required please continue this list at the end of this form and indicate that here Yes ☐ No ☐		
	Does the child stay at another address regularly? If so what is the relationship to this person? Yes☐ No ☐		
	Name	Relationship to the child	Address

5	**Your child's background information**			
	Your child's religion	Please state:		
	Your child's ethnic origin: Please tick one			
	Black Caribbean /	*White (UK) ☐*	*Indian / British Indian*	*Arabic ☐*

	English ☐		*☐*	
	Black African / British ☐	*White (Irish) ☐*	*Pakistani / British Pakistani ☐*	*Chinese ☐*
	Other black background ☐	*White (Other) ☐*	*Bangladeshi / British Bangladeshi ☐*	*Other: (please state) ☐ ☐*
	Other mixed background (please state) ☐		*Other Asian Background ☐*	*I do not wish to state my child's ethnic group ☐*
	What is your child's main spoken language (please state)?			
	Does your child need an interpreter?	Yes ☐ Language:	No ☐	
	Does your child need help with mobility and communication? Yes ☐ No ☐ If yes please tick all that apply			
	Wheelchair ☐	*Walking aid (please specify) ☐*	*Hearing aid ☐*	*British sign language ☐*
	Makaton sign language ☐	*Lip reading ☐*	*Braille ☐*	*Other ☐*
	Is this child currently Housebound? Yes ☐ No ☐			

6	**Contact with children's social care (social services) - Mandatory field**	
	Is your child or family currently receiving support from children's social care?	
	No ☐	Yes ☐ Which Local authority? Name of social worker:
	Has your child or family ever received support from children's social care?	
	No ☐	Yes ☐ Which Local authority? Name of social worker:

7	**Educational information**	
	For children aged 2-4 is the child at nursery? Yes ☐ No ☐	Name of nursery:
	If the child is school aged are they in fulltime education Yes ☐ No ☐	Name of school:
	Is the child home educated? Yes ☐ No ☐	Is the local authority aware? Yes ☐ No ☐

8	**Children looking after a family member**	
	Does your child look after someone at home? Yes ☐ No ☐ (If no please proceed to section 7)	If so who?
	If so do you think they would like additional support as a young carer? Yes ☐ No ☐	
	Is your child known to services such as young carers? Yes ☐ No ☐	

9	**Past medical History and allergy status**

Please give information about any serious illnesses, operations, disabilities or injuries your child have or has had in the past?

Condition	Year diagnosed	Ongoing? Yes / No

Does your child have an educational Health care plan (EHCP) Yes ☐ No ☐

Is your child registered with a Dentist? Yes ☐ No ☐ To find a dentist please visit NHS choices

Please provide details of any medication you child takes (including the contraceptive pill)

Name	Dosage	Frequency

Please give details of any allergies your child has to medication or food: Yes☐ No ☐
Details:

Family History: please let us know of any of the following conditions that have affected your child's parents/ brothers / sisters

☐ Heart disease UNDER the age of 60 Who:	☐ High blood pressure(Hypertension) Who:	☐ Mental Health problems (e.g. Depression) Who:	☐ Stroke (CVA) Who:	☐ Epilepsy Who:
☐ Cancer Who/ What type:	☐ Diabetes Who:	☐ Sudden death under the age of 40		

10	**Your child's online access**

You are now able to book appointments and order repeat medications for your child online

Would you like to register for online services? Yes ☐ No ☐

11	**Your signature**	
	Parent/guardian signature	Date: