

Thank you for applying to be a patient at The Family Surgery.

CHILD REGISTRATION FORM

Name:	Date of Birth:
Address:	
Telephone number:	Mobile number:
Nationality:	Place of Birth:
Full name of main carer:	Main carer's relationship to child:
Next of Kin: Next of Kin address / phone number NB: Please seek consent from NOK before giving us their personal details.	Next of Kin relationship to child: Are there any other families members in your household:
Parental Responsibility Persons with parental responsibility: Name: Relationship to child: Phone number: Name: Relationship to child: Phone number:	As part of our efforts to safeguard the best interests of patients who are under the age of 16, we wish to record the names of adults with parental responsibility in the medical record of your child. Any information provided will be held as part of Medical Notes at The Family Surgery and will only be passed on to any other GP surgery with whom you may register in the future. This information will not be shared with any other party without express consent.
I do / do not give explicit consent for my mobile number / email to be used to contact me with appointment reminders and healthcare reminders.	Please note that with effect from 25 th May 2018 GDPR law came into place meaning that over 13 year olds are responsible for their own electronic data implying that parents information has to be removed. As a result once your child is aged between 13-16 years old the mobile number and email addresses of parents will be removed. Online access will also be restricted to appointment booking only. For more information please speak to reception.

Any medical problems?	Any developmental problems:
Please list any illnesses/operations:	Does your child have allergies to medications? Yes No If yes which medication?

Does your child have any allergies? Yes No If yes what is your child allergic to?	For under 4/5 year olds, name of health visitor?
Name of previous GP Practice:	If your child is attending nursery or school please tell us which one:

Is your child known to social care? Yes / No	Is there an allocated social worker? If so please leave contact details below:
Is your child subject to a child protection plan? Yes / No	Does your child have a paediatrician assigned to them? If so please leave contact details below:

Is your child up to date with their immunisations? Yes / No	Has your child missed or is overdue any immunisations? Yes / No
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How would you describe the ethnic group your child belongs to? This can help with your medical care:

White British	
Other White ethnic group	
Black African	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Vietnamese	
Black Caribbean	
Other ethnic group	
Mixed ethnic group	
I am not sure	
I do not wish to answer	

Does your child have any religious or cultural needs:

Does your child or you as a parent/carers have any communication needs relating to a disability, impairment or sensory loss:

YOUR CHILD MAY BE OFFERED A NEW PATIENT CHECK TO COMPLETE YOUR REGISTRATION.