

PRE-REGISTRATION FORM (UNDER 18 YEARS OLD)
(At least one parent and/or guardian to be registered at the Practice)

Details of Person filling in the form: What relationship do you have to the child (e.g. Parent, Step Parent, Guardian, Foster Carer):	First Name: Surname: Address:
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Child's Details	
Surname:	First Name:
Date of Birth :	Sex: Male / Female
Address : (if different from above)	Contact details
Post Code :	Home Tel.:
Child's first language:	Mobile No:
Child's country of birth:	Ethnicity:
	If from overseas, when did the child enter the country:

Family Details:	
Mothers full name:	Father's full name:
DOB:	DOB:
Names and DOB of siblings:	
Name and relationship to child of any other household members:	
Address of mother/father* (if different from child's) : *delete as appropriate	
Name and address of most recent school or nursery:	

Health Information

1. Has the child any major illnesses, operations, chronic illnesses such as Asthma or any disabilities?
Yes No

Please list with dates:

2. Any current or regular medication:
Yes No

If "yes" please list below:

3. Is your child allergic to anything?
Yes No

If "yes" please list below:

4. Immunisations – Please bring the child's Red Box

Families Receiving Additional Support

1. Does your child have a social worker?
Yes No

(If yes, please give their name, address and contact number)

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

Who has Parental Responsibility?

Signature: _____

Date: _____

This information will be shared with our Child Health Department and members of the Primary Healthcare Team.
If you do **NOT** want this information to be shared please tick here:

PLEASE FAX TO CHILD HEALTH DEPARTMENT ON 01279 698810