**New Patient Registration Form for Children <18**

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| **Child’s Name**  ***Male/Female*** |  |
| **Child’s Date of Birth** |  |
| **Child’s Place of Birth** |  |
| **Ethnicity** |  |
| **Main Languages Spoken** |  |
| **Child’s Current School/Nursery** |  |
| **Current Address** |  |
| **Previous Address** |  |

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|  | **Details:** |
| **Does your child have any medical conditions?**  ***Please state which* Y/N** |  |
| **Does your child have any additional needs?**  ***Please state* Y/N** |  |
| **Do you consider your child to have a disability?**  ***Please state* Y/N** |  |
| **Does your child take any regular medicines?**  ***Please record* Y/N** |  |
| **Does your child have any allergies?**  ***Please state* Y/N** |  |

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| **Who else lives in your household with your child?** | | |
| **Name** | **Age/Date of birth** | **Relationship to child** |
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| **Vaccination the child has had** | **Date Given** |
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|  | **Other Details:** |
| **Do you have parental responsibility for the child? Y/N** |  |
| **Is the child you are registering ‘’looked after’’ by the local authority or subject of a Child Protection Plan? Y/N** |  |
| **Does the child/your family have a social worker? *Please give name/contact details* Y/N** |  |
| **Is your child a carer for you or someone else?**  **Y/N**  **If so, for whom?** | **For more support check out:**  **http:www.bolton.gov.uk/website/pages/Youngcarers.aspx** |
| **Do you know the name of your child’s health visitor/school nurse?**  ***Please state* Y/N** |  |
| **Is there anything else you think the practice needs to be aware of?**  ***Please state* Y/N** |  |

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| **Name of person completing this form** |  |
| **Relationship to the child** |  |
| **Signature** |  |
| **Date** |  |