**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** |  |