



New Patient Registration (for Children aged 15 & under only)

In order to prepare for your child's early care, it would be very useful to have full information about his/her health and immunisations.

Child's Surname	
Child's First Name(s)	
Sex of Child (Male/Female)	
Child's Date of Birth	

Ethnic Origin / Nationality			
Please tick (✓) the appropriate boxes :			
<input type="radio"/> White	<input type="radio"/> British <input type="radio"/> European <input type="radio"/> Other	<input type="radio"/> Black	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Other
<input type="radio"/> Other	<input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi	<input type="radio"/> Chinese <input type="radio"/> Other (Inc mixed origin)	
<input type="radio"/> Refuse to submit Ethnic Status	What Country were you Born : _____	What is your main language spoken : _____	What is your Religion : _____

Do you require an Interpreter? YES / NO
If YES , which language do you speak?

Child's Medical History (do NOT include minor ailments)	
1. Please could supply information about any operation(s) your child has had?	
2. Does your child take regular prescribed drugs?	YES/NO
If YES, please supply the name and dose taken overleaf:	

Name of Medication	Dose

**3. Please could supply information about any Immunisations your child has had?
(This information should be recorded in your child's personal health record)**

Immunisation name	Date

Declaration – to the best of my knowledge the information I have given is full and accurate

Signed:

Print name:

Relationship to Child:

Date:

FOR OFFICE ONLY

Proof of address seen	
Initials of staff member	
Date	