**PRE REGISTRATION FORM (UNDER 16 YEARS OLD)**

**At least one parent and/or guardian to be registered at the Practice**

**Details of person filling in the form**

**First Name: ………………………………………….**

**What relationship do you have to the child Surname: …………………………………………….**

**(Eg: Parent, Step Parent, Guardian, Foster Carer) Address: ………………………………………………**

**……………………………………………………………………….. …………………………………………………………….**

**…………………………………………………………….**

**Child’s Details**

**Surname:……………………………………………………….. First Name: …………………………………………**

**Date of Birth: ………………………………………………. Sex: Male/Female**

**Address (if different from above)**

**………………………………………………………………………. Contact Details:**

**………………………………………………………………………. Home Tel: …………………………………………….**

**………………………………………………………………………. Mobile No: …………………………………………..**

**Child’s first language: ………………………………….. Ethnicity:………………………………………………**

**Child’s country of birth: ………………………………… If from overseas, when did the child enter the country: …………………………………………**

**Family Details**

**Mother’s full name: ……………………………………. DOB …………………………………………………..**

**Father’s Full name ………………………………………. DOB……………………………………………………**

**Names and DOB of siblings:**

**……………………………………………………………………… ……………………………………………………………**

**…………………………………………………………………….. ……………………………………………………………**

**Name and relationship of child of any other household members:**

**………………………………………………………………………. …………………………………………………………..**

**Address of mother/father (if different from child’s)**

**………………………………………………………………………. …………………………………………………………**

**………………………………………………………………………. …………………………………………………………**

**………………………………………………………………………. ………………………………………………………….**

**Address of most recent school or nursery:**

**……………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**Additional Information:**

**Has the child had any major illnesses, operations, chronic illnesses such as Asthma or any**

**Disabilities? Yes /No**

**If yes, please list with dates.**

**………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………**

**Any current or regular medication Yes/No.**

**If yes, please list**

**………………………………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………………………..**

**Is your child allergic to anything? Yes/No**

**If yes, please list**

**…………………………………………………………………………………………………………………………………………..**

**Immunisations – Please bring the child’s Red Book**

**Families receiving additional support**

**Does your child have a Social Worker Yes/No**

**If yes, please give their name, address and contact number**

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

**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 ………..**

**FOR OFFICE USE**

**Any child with a ‘Yes’ to any of the questions asked (except allergies)**

**needs to have a routine appointment with a Doctor booked at registration.**

**Has the child been offered an appointment with the Doctor? Yes/No**

**If appointment booked, please add a comment to the appointment slot stating the reason**

**for the appointment as per the pre-registration form.**

**Red Book submitted and photocopy to nurse? Yes/No**

**Has the identity and address been checked? Yes/No**

**Documents accepted (only one needed)**

**Child benefit form Yes/No**

**Passport Yes/No**

**Has Parental Responsibility been established? Yes/No**

**Documents accepted (only one needed)**

**Birth Certificate Yes/No**

**Red Book Yes/No**

**If neither of the above available or born outside the country**

**Passport Yes/No**

**Please state who has parental responsibility …………………………………………………………**

**Name of person who checked the form ………………………………………………………….**

**Date …………………………………………………………**