

REGISTRATION FORM (under 18 years old)

At least one parent/guardian needs to be registered at the Practice

**To complete the registration process, ALL new patients are seen by the
Healthcare Assistant for a New Patient Update**

PLEASE WRITE IN BLOCK CAPITALS

PERSONAL INFORMATION

Your First Name:.....Surname.....

Relationship to the child:.....

Child Date of Birth: Gender: M / F

First Names: Surname:

Address:

Telephone Number:

Home: Mobile:

Area & Town of Birth (if in UK).....

Country of Birth (if not UK).....

If from overseas, when did you enter the country ?.....

Mother's name:DoB.....

Address if different from the child.....

Father's name:.....DoB.....

Address if different from the child.....

Siblings:DoB.....

.....DoB.....

.....DoB.....

Name and relationship to the child of any other household members:

.....

.....

.....

Parent/Guardian registered at BGGP.....

Primary Carer.....

. Shared files/ADMIN STAFF/Reception Procedures/REGISTRATION FORMS/Child and Baby Registration Form

- May12

Reviewed June12

Reviewed and updated November 13

Reviewed and updated June 15

Reviewed and updated February 19

Who has parental responsibility?.....

(Note – It is always the mother and also the father if parents married when/since the child was born or for children born in England and Wales after 1st December 2003, also the father if on the Birth Certificate. Father doesn't lose Parental Responsibility after divorce)

Name and Address of present school or nursery

.....

Previous GP – please give details

.....

Current Social Worker Yes No

If Yes, give their name and address (which borough if address not known)

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Previous Social Worker Yes No

If Yes, give their name and address (which borough if address not known)

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

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HEALTH INFORMATION

Is the child being treated for any medical problems, e.g: Asthma, Diabetes or any other condition? Yes No

If Yes, give details.....

Has any disabilities Yes No

If Yes, give details.....

Had any operations Yes No

If Yes, give details.....

Has any allergies Yes No

If Yes, give details.....

Is the child under hospital treatment for any condition? Yes No

If Yes, please state dates and reasons.....

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Has the child attended A&E in the last 2 years? Yes No

If Yes, please state dates and reasons.....

.....

Is the child on regular medication? Yes No

If Yes, give details:.....

.....

If the child is on long term medication for any medical condition you will initially need to see a doctor to obtain a prescription.

DATE:

NAME:

SIGNATURE:

Parent / Guardian (*delete as appropriate*)

Staff use only

Staff Initials _____

Date _____

Named GP _____

Patient address validated

For patients aged 16 to 18

Audit C completed

Audit completed

Childhood Immunisations

Please bring the red book or (only if you don't have one) please fill in below.

Do you agree to immunise the child? Agree Refuse

Signature.....Date.....

Childhood Immunisations Record

at 8 weeks old:

- DTaP/IPV/Hib/Hep B
- Pneumococcal conjugate vaccine (PCV)
- Rotavirus
- Men B

Date given:

Place given:

at 12 weeks old:

- 2nd DTaP/IPV/Hib/Hep B
- Rotavirus

Date given:

Place given:

at 16 weeks old:

- 3rd DTaP/IPV/Hib/Hep B
- 2nd Pneumococcal PCV

Date given:

Place given:

at 12/13 months:

- Hib/Men C
- Pneumococcal PCV
- MMR
- Men B booster

Date given:

Place given:

at 3 years four months or soon after (pre-school booster):

- DTaP/IPV
- MMR

Date given:

Place given:

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For office use only

ANY CHILD WITH A 'YES' TO ANY OF THE QUESTIONS ASKED NEEDS TO HAVE A ROUTINE APPOINTMENT WITH A DOCTOR BOOKED AT REGISTRATION

Has the child been offered appointment with doctor? Yes No

Has an appointment been made? Yes No

If appointment booked please add a comment to the appointment slot stating the reason for the appointment as per the registration form.

Red Book Submitted and photocopy to nurse? Yes No

Or

Child Immunisation Record Table completed Yes No

Agrees to immunisation? Yes No

If no, parent to sign the disclaimer form.

Has the identity and address been checked? Yes No

Documents accepted (one only needed) - Tick which one

- Child benefit form Yes No

- NHS card Yes No

- Passport (for those who do not have document above)
Yes No

Has Parental Responsibility been established? Yes No

Documents accepted (only one needed) - Tick which one

- Birth certificate Yes No

- Red book Yes No

- Passport (If neither of the above available or born outside the country)
Yes No

Please state who has parental responsibility:

.....

Who checked the form?

(staff signature)

Date: