

**Registration Form for Children Under the Age of 18 Years**

**FULL NAME:**

**PREVIOUS SURNAMES:**

**DATE OF BIRTH:**

**HOME ADDRESS (including postcode):**

**ALL PREVIOUS ADDRESSES:**

**CHILDS OWN MOBILE NUMBER (if aged 16 and over):**

**CONTACTING YOU:**

Please sign in the box if you agree that we may contact you from time to time, via email and/or SMS, with practice news, advice about your health and/or appointment reminders and test results:



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**PREVIOUS REGISTERED GP:**

**PREVIOUS HEALTH VISITOR/SCHOOL NURSE:**

**CURRENT SCHOOL/COLLEGE:**

**ALL PREVIOUS SCHOOLS ATTENDED:**

**DO YOU HAVE ANY ALLERGIES:**

**ARE YOU REGISTERED DISABLED:**

**ARE YOU A CARER YOURSELF:**



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**MEDICAL INFORMATION:**

**Please list any chronic/serious illnesses, operations, disabilities or mental health problems and the year they took place:**

**IMMUNISATIONS & DATES:**

**CURRENT REPEAT MEDICATIONS & DOSE:**

**CHILD’S ETHNICITY:**



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**DO YOU SMOKE Y/N: If ‘NO’, have you ever smoked Y/N :**

**If you are a current smoker, how many cigarettes or ounces of tabacco do you smoke per day:**

**DO YOU DRINK ALCOHOL Y/N:**

**If the answer is yes, how many units per week?**

**MOTHER’S FULL NAME:**

**MOTHER’S DATE OF BIRTH:**

**MOTHER’S CONTACT NUMBER:**

**MOTHER’S ADDRESS:**

**PARENTAL RESPONSIBILITY Y/N:**



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**FATHER’S FULL NAME:**

**FATHER’S DATE OF BIRTH:**

**FATHER’S CONTACT NUMBER:**

**FATHER’S ADDRESS:**

**PARENTAL RESPONSIBILITY Y/N:**

**NAME OF MAIN CARER (if different from above):**

**ADDRESS OF MAIN CARER:**

**IS CHILD “LOOKED AFTER” BY LOCAL AUTHORITY Y/N:**

**NAME OF ANY OTHER CARER IN HOUSEHOLD e.g. Step/Foster Parent:**