

**Child's Details:**

First Name(s).....  
Surname .....  
DOB ..... NHS Number.....  
Address.....  
.....  
Postcode ..... Tel.....

**Childs Ethnicity**

British   
Other White Background   
Polish   
Pakistani   
Indian   
Chinese   
Caribbean   
Other (*please specify*)   
.....

**Parents Details:**

Mother Name..... DOB.....  
Address (*if different from above*) .....  
Telephone.....  
Fathers Name ..... DOB.....  
(*as on birth certificate*)  
Address .....  
Postcode..... Telephone.....

**NOK Details:**

Name.....  
DOB.....  
Address.....  
.....  
Telephone .....  
Relationship to Child .....  
.....

**Siblings or other children living at address:**

Name ..... DOB..... Gender: M / F  
Name ..... DOB..... Gender: M / F  
Name ..... DOB..... Gender: M / F  
Name ..... DOB..... Gender: M / F  
Name ..... DOB..... Gender: M / F  
Name ..... DOB..... Gender: M / F

**Other Adults living at address:**

Name..... Relationship to Child .....  
Name..... Relationship to Child .....

**School Details (if applicable)**

Name.....  
Address.....  
.....  
Telephone.....

**Does your child have an allocated Social Worker?**

YES / NO

*If yes please give details below:*

Name.....  
Telephone.....

**OVER 12's ONLY**  
**Childs smoking status:**  
 Non-Smoker   
 Smoker   
 How many per day? .....  
 Interested in help to stop?  
 Y / N

**Child's first spoken language:**  
 .....

**Does your child have a registered disability? Y / N**  
 (If yes please give details) .....  
 .....

**Is your child:**  
 Fostered   
 A Looked After Child   
 An Asylum Seeker

**Is your a child a carer for a family member? Y / N**  
 If yes please give details below:  
 Family member : ..... Health condition: .....

**Child's Medical History:**

**Does your child have any allergies? Y / N** if yes please state .....

**Does your child have any Chronic Medical Conditions?** i.e Asthma, Epilepsy.

MEDICAL CONDITION	DATE OF DIAGNOSIS

**Was there any complications at birth?** .....

**Does your child have any developmental problems?** .....

**Has your child had any operations? Y / N** .....

**What injuries has your child had?** .....

**Is your child on any medication? Y / N** (if yes please state below)

Medication	Dose	Frequency	Hospital or GP Prescribed

**Is your child currently undergoing any hospital investigations? Y / N** (if yes please give details below, consultant, hospital)

**Any other relevant information you feel the GP should be aware of?** .....



**Parent / Guardian Information**

Name of Parent / Guardian other than yourself who has permission to accompany your child to a medical appointment:

Name:.....

Relationship to Child: .....

Telephone:.....

**Medical Record Sharing** allows your child's complete medical record to be made available to authorised Health Care Professionals involved in their care.

**Do you consent to your child's GP records to be shared locally?** Y / N

**Summary Care Record** contains details of your child's key health information such as medications, allergies and adverse reactions. They are accessible to authorised health care staff in A&E and Out of Hours Surgeries.

**Do you consent you your child having a summary care record?** Y / N

**Appointment Cancellations**

The practice aim to offer you convenient appointments and therefore request that if you are not able to attend or no longer require your appointment you have made for your child, it is cancelled in advance.

*I agree to make every possible effort to cancel unwanted appointments.*

Signature: .....

Date: .....

**Patient Responsibilities when visiting our Practice**

- Behave respectfully to staff and other patients or visitors
- Have consideration for our staff and other patients or visitors
- Behave in a way which keeps self and others safe within our practice
- Accept responsibility for your own behaviour and choices/actions

**Unacceptable standards of Behaviour within our Practice**

- Violence
- Excessive noise eg recurrent loud or intrusive conversation or shouting
- Threatening or abusive language involving swearing or offence remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors
- Offensive sexual gestures or behaviours
- Any use of alcohol or drugs on practice premises and/or Drug dealing on practice premises
- Wilful damage to practice property and/or Theft
- Threats or threatening behaviour – keep self and others safe

*I have read and agree to follow patient responsibilities and standards of behaviour.*

Signature: .....

Date: .....

**STAFF USE ONLY:**

I.D Presented: Y/ N

I.D Type: *Birth Certificate / Red Development Monitoring Book*

Adult Registering Child has parental responsibility?

Y / N

Staff Signature.....

Date.....