Newborn (16 weeks and under)

Application/Registration & Health Form

PLEASE COMPLETE THIS APPLICATION FORM IN FULL AND RETURN IT IN PERSON WITH **PHOTO ID** and **CURRENT PROOF OF ADDRESS**

(Dated within the last month)

Parent/Guardian Name/s:

Child’s full name ……………………………………………. DOB: ……………………………

Mother:………………………………………………………….DOB: ..………………………….

Tel home:………………………………….... Mobile:…………………………………….

Father:.................................................................................DOB:…..……………………….

Tel home:………………………….... Mobile:……………………………….

MEDICAL HISTORY

Is this child currently under the care of a Hospital or attending other clinics?

*YES/NO* (If yes, please indicate which Hospital and brief details)

………………………………………………………………………………………………

………………………………………………………………………………………………

Do you have any concerns regarding your child’s’ health?

………………………………………………………………………………………………

………………………………………………………………………………………………

REPEAT MEDICATION

Please list all the medication your child’s currently take including dose & strength or provide a copy of your current repeat medication sheet

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FAMILY HISTORY

Has any close family had any of the following (please specify family member):

Diabetes………………………………… Asthma………………………………………..

Heart Disease………………………….. High Blood Pressure……………………….

Stroke…………………………………… Tuberculosis…………………………………

Eczema…………………………………. Migraine……………………………………….

Cancer (please specify type)………………………………………………………………………

YOU WILL NEED TO PROVIDE DETAILS OF ALL CHILDHOOD IMMUNISATIONS

Have you handed in the Red book/Documentation of immunisations? Tick box

HOW WOULD YOU DESCRIBE YOUR CHILD’S ETHNIC GROUP?

***Please tick the box appropriate to your child***

|  |  |  |
| --- | --- | --- |
| **WHITE** | British (9i0) |  |
|  | Irish (9i1) |  |
|  | Any other White background (9i2) |  |
| **MIXED** | White & Black Caribbean (9i3) |  |
|  | White & Black African (9i4) |  |
|  | White & Asian (9i5) |  |
|  | Any other mixed background (9i6) |  |
| **ASIAN OR ASIAN BRITISH** | Indian (9i7) |  |
|  | Pakistani (9i8) |  |
|  | Bangladeshi (9i9) |  |
|  | Any other Asian background (9iA) |  |
| **BLACK & BLACK BRITISH** | Caribbean (9iB) |  |
|  | African (9iC) |  |
|  | Any other Black background (9iD) |  |
| **OTHER ETHNIC CATEGORIES** | Chinese (9iE) |  |
|  | Any other ethnic category (9iF) |  |
| **NOT STATED** | Not Stated (9iG) |  |

**Parent/Guardian Signature………………………………. Date……………………..**

**FOR SURGERY STAFF USE ONLY**

Proof of address:

**(Please put type of POA seen - must be dated within last 1 month - DO NOT photocopy)**

………………………………………………………………………………………………

Type of Photo ID taken (please photocopy)…………………………………………….

Application form checked by……………………………………………………………..

Surgery Registering at……………………………………………………………………..

Completed Registration forms checked by………………………………………………

New Patient Medical date…………………………………………………………………

**Updated 08.02.2022**