

**CHILD REGISTRATION FORM**

Surname		Forenames	
Date of Birth:	Ethnicity:	Country of Birth:	
Sex: M / F			
Address 1		Address 2	
Postcode		Postcode	Tel No
Home Tel No.		Home Tel No.	
Home Fax No.		Home Fax No.	
Work Tel No.		Work Tel No.	
Mobile No.		Mobile No.	
Email:		Email:	
Next of Kin:		Next of Kin:	
(Single MMR Only) Are both parents in agreement regarding the issue of separate vaccines? Yes / No. If no please discuss with the doctor.			
Medical Insurance Company		NHS No.	
NHS G.P.		NHS G.P. Tel. No.	
NHS G.P. Address			
Please list all past illnesses, operations and accidents. State year, place, hospital and specialist:			
Did the Mother experience any difficulties during pregnancy or baby's birth? If so please give details:			
Breast fed? Yes/ No If yes, for how long?			
Medications including vitamins minerals and supplements:			
Allergies – drug / non drug / food			
Are all Childhood vaccinations up to date? Yes/No. If no, please state reason....			
Any reactions to previous vaccinations?			

**Please complete Family History overleaf:**

**FAMILY HISTORY**

Please list below any family medical history that the Doctor/Nurse should know. All information you can provide will help toward the consultation and safe delivery of any treatment e.g. allergy, asthma, hay fever, eczema, rheumatoid arthritis, auto-immune disorders, thyroid disease, pernicious anaemia, diabetes etc.,

RELATIONSHIP	LIVING		DECEASED	
	Date of Birth	State of Health	Age at death	Cause of death
Father				
Mother				
Brothers				
Sisters				
Grandmother (Mothers side)				
Grandfather (Mothers side)				
Grandmother (Fathers side)				
Grandfather (Fathers side)				

To comply with the Healthcare Commission, would you respond to the following:

I consent to the release of my child's medical notes to my NHS GP	Yes	No
I require a chaperone	Yes	No

Parent/Guardians Full Name: .....

Date: .....

May we ask how you learnt about our practice?.....

The practice has a complaints procedure. Details on [www.privategp.com](http://www.privategp.com)