

CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Male ☐ Female

Date of Birth (day/month/year) NHS Number
(if known)

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Parent(s) details:

Surname

First Names (in full)

Previous Surnames

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Address
Post Code:

Who has parental responsibility:

Are Social Services involved in your child's care? (please tick) ☐ Yes ☐ No

If yes, what is the name of the allocated social worker:

If you are from abroad:

Your first UK address where
Registered with a GP
Post Code:

If previously resident in UK
date of leaving Date you first
came to UK

Immunisations

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

Immunisation	Date	Immunisation	Date
Tetanus		Booster: Tetanus	
Whooping Cough		Booster: Diphtheria	
Polio		Booster: Polio	
HiB		Booster: MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

List of current medication

Name of medication	Dosage

If you are on repeat medication you will need to bring in either your repeat slip from your previous doctor or, if you do not have this, we will need to see original boxes, bottles etc.

Ethnicity

- ☐ British or mixed British ☐ Irish ☐ African ☐ Caribbean ☐ Indian ☐ Pakistani
☐ Bangladeshi ☐ Chinese ☐ Other (please state):
☐ Decline to state

Next of kin

Name: Tel. contact number:
Relationship:

Data sharing consent choices

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Please complete this form by signing below:

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date: