

New Patient Registration form for Children <18

Child's name

Child's Date of Birth

Child's Place of Birth

Ethnicity

Main languages spoken

Child's current school / nursery

Current address

Previous address

Does your child have any medical conditions? Y / N

Details:

Does your child have any additional needs? Y / N

Details:

Does your child take any regular medicines? Y / N

Details:

Does your child have any allergies? Y / N

Details:

Non-dispensing patients please nominate your pharmacy:

Can we create a summary care record for your child? Y / N

See leaflet for information

Vaccinations (only required if 1st registration in this Country)

Name of Vaccine	Date Given

Who lives in your household with your child?

Name	Relationship to child

Is your child “Looked After” by the local authority? Y / N

If so please give details of care order, parental responsibility, carers details etc.

Does your family have a social worker? Y / N

Details:

Is your child a carer? Y / N

If so for whom?

For more support check out: <http://www.durham.gov.uk/youngcarers>

Name of person completing this form

Relationship to the child

Signature

Date