

### New Patient Registration Form - Child

Child's Full Name:	
Address:	
Postcode:	
Height:	Weight:
Name of Mother/Carer:	Tel:
Name of Father/Carer:	Tel:
Parent/Carer Email Address:	
Name & Address of School:	

**NAME OF NEXT OF KIN:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**Parent/Guardian section:**

Has your child ever had any serious illnesses/diseases/operations? Yes/No  
 If yes, what? \_\_\_\_\_

Does your child take any medications: Yes/No  
 If yes, what? \_\_\_\_\_

Is your child allergic to any medications: Yes/No  
 If yes, what? \_\_\_\_\_

Is your child allergic to anything else? Yes/No  
 If yes, what? \_\_\_\_\_

Vaccination Dates – (please refer to the Red Book)

Name of Vaccination	Date
1 <sup>st</sup> Diphtheria, tetanus, whooping cough, HIB, polio, 1 <sup>st</sup> pneumonia (prevenar)	
2 <sup>nd</sup> Diphtheria, tetanus, whooping cough, HIB, polio, 1 <sup>st</sup> meningitis C	
3 <sup>rd</sup> Diphtheria, tetanus, whooping cough, HIB, polio 2 <sup>nd</sup> Meningitis 2 <sup>nd</sup> Pneumonia	
HIB/Meningitis C	
1 <sup>st</sup> MMR and pneumonia	
1 <sup>nd</sup> MMR	
Pre School Booster - Diphtheria, tetanus, whooping cough, polio	
BCG	

**Ethnicity Questionnaire**

What is your ethnicity?

Please choose one section A to E and then tick the appropriate box to indicate your cultural background:

A White	(9i0) British	<input type="checkbox"/>
	(9i1) Irish	<input type="checkbox"/>
	(9i2) Any other white background	<input type="checkbox"/>
B Mixed	(9i3) White and black Caribbean	<input type="checkbox"/>
	(9i4) White and black African	<input type="checkbox"/>
	(9i5) White and Asian	<input type="checkbox"/>
	(9i6) Any other mixed background	<input type="checkbox"/>
C Asian or Asian British	(9i7) Indian	<input type="checkbox"/>
	(9i8) Pakistani	<input type="checkbox"/>
	(9i9) Bangladeshi	<input type="checkbox"/>
	(9iA) Any other Asian background	<input type="checkbox"/>
D Black or Black British	(9iB) Caribbean	<input type="checkbox"/>
	(9iC) African	<input type="checkbox"/>
	(9iD) Any other Black background	<input type="checkbox"/>
E Other Ethnic groups	(9iE) Chinese	<input type="checkbox"/>
	(9iF) Other ethnic category	<input type="checkbox"/>
	(9iG) Not stated	<input type="checkbox"/>