

Name: \_\_\_\_\_



## ARDEN MEDICAL CENTRE CHILD NHS PATIENT REGISTRATION



Patient Details			
NHS Number:			
Title:		Full Name:	
Previous Surnames:		Country of Birth:	
Date of Birth:		Ethnicity:	
Address:			
1 <sup>st</sup> Language:		Religion:	
Mobile Number:		Alternate Number:	
Does your child have any communication needs?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please detail:			
Is your child a carer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, who do they care for?			
Please contact us if support is needed.			

Medical History	
Does your child suffer from any medical conditions?	
Any allergies?	
Medication	
Does your child take any regular medication?	
<div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> YES         <input type="checkbox"/> NO       </div>	
A medication review appointment with one of the doctors will be required before medication can be issued. Please list current medication and dosage below. Alternatively, <b>attach the current repeat list.</b>	
Medication Name	Dosage

Name: \_\_\_\_\_

### Electronic Prescribing Service

If you would like prescriptions to be electronically sent to a pharmacy, please give details of your chosen pharmacy:

### Immunisation History

Does your child have any contra-indications to immunisations of any kind?

Has your child ever reacted adversely to an injection?

Do you as parent wish certain immunisations to be withheld?

### Details Of Immunisations

Vaccination	Contents	Date Given	Where Given
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<input type="checkbox"/> 4th baby vaccinations	Hib, Men C, Pneumococcal, MMR, Men B		
<input type="checkbox"/> Pre-school vaccinations	Diphtheria, Tetanus, Pertussis, Polio, MMR		

**Please bring baby red book in for confirmation of vaccinations.**

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### Named GP

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Date of Registration	Named GP
Nov / Dec / Jan	Dr Clare Bailey
Feb / Mar	Dr Lucy Barnsley
Apr / May / Jun	Dr Harsha Dhokia
Jul / Aug / Sep / Oct	Dr Nomaan Ullah

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