

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 st 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?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
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, attach the current repeat list.	
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
<input type="checkbox"/> 1st baby vaccinations	Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B, Pneumococcal, Men B, Rotavirus		
<input type="checkbox"/> 2nd baby vaccinations	Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B, Rotavirus		
<input type="checkbox"/> 3rd baby vaccinations	Diphtheria, Tetanus, Hib, Pertussis, Polio, Hep B, Men B, Pneumococcal		
<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.			

Next of Kin					
Name:		Relationship:		Telephone:	
Named GP					
You have a named GP who is responsible for generally overseeing your medical care. For your day to day consultations or if your named GP is not available you can continue to see any Doctor within the practice.					
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			
Declaration					
I confirm that the information provided is true to the best of my knowledge.					
Parent/Guardian Signature:				Date:	