**STABLE FOLD SURGERY**

**New Patient Registration Form for Children <18**

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| **Child’s Name** ***Male / Female*** |  |
| **Child’s Date of Birth** |  |
| **Child’s Place of Birth** |  |
| **Ethnicity** |  |
| **Main Languages Spoken** |  |
| **Child’s Current School / Nursery** |  |
| **Current Address** |  |
| **Previous Address** |  |

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|  | **Details** |
| **Does your child have any****medical conditions?*****Please state which* *Y / N*** |  |
| **Does your child have any****additional needs?*****Please state Y / N*** |  |
| **Do you consider your child to have a disability?*****Please state Y / N*** |  |
| **Does your child take any regular medicines?*****Please record Y / N*** |  |
| **Does your child have any allergies?*****Please state Y / N*** |  |

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| **Who else lives in your household with your child?** |
| **Name** | **Age/Date of birth** | **Relationship to child** |
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|  | **Other Details** |
| **Do you have parental responsibility for the child?**  ***Y / N*** |  |
| **Is the child you are registering “looked after” by the local authority or subject of a Child Protection Plan** ***Y / N***  |  |
| **Does the child/your family have a social worker? *Please give name/contact details***  ***Y / N*** |  |
| **Is your child a carer for you or someone else?**  ***Y / N*** **If so, for whom?** | **For more support check out:****http://www.bolton.gov.uk/website/pages/Youngcarers.aspx** |
| **Do you know the name of your child’s health visitor/school nurse?*****Please state Y / N*** |  |
| **Is there anything else you think the Practice needs to be aware of?*****Please state Y / N*** |  |

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| **Name of person completing this form:** |  |
| **Relationship to the child:** |  |
| **Signature:** |  |
| **Date:** |  |