**The Oaks Family Practice**

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

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| **Child’s Name** |  |
| **Gender** |  |
| **Date Of Birth** |  |
| **Place of birth** |  |
| **Ethnicity** |  |
| **Main Language Spoken** |  |
| **Current School/Nursery** |  |
| **Current Address** |  |
| **Previous Address** |  |

|  |  |
| --- | --- |
|  | ***YES/NO*** |
| Does the child have any medical conditions?  ***Please state if yes*** |  |
| Does the child have any additional needs?  ***Please state if yes*** |  |
| Do you consider your child to have a disability?  ***Please state if yes*** |  |
| Does the child take ay regular medication?  ***Please state if yes*** |  |
| Does the child have any allergies?  ***Please state if yes*** |  |

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| **Who else lives in the household with the child?** | | |
| Name | Age/Date of Birth | Relationship to child |
|  |  |  |

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| --- | --- |
|  | ***YES/NO*** |
| Do you have parental responsibility for the child? |  |
| Is the child you are registering ‘looked after’ by the local authority or subject of a child protection plan? |  |
| Is the child a carer for you or someone else?  ***Please state who if yes*** | For more support check out: [http://www.bolton.gov.uk/website/pages/young carers.aspx](http://www.bolton.gov.uk/website/pages/young%20carers.aspx) |
| Do you know the name of the child’s health visitor/school nurse?  ***Please state who if yes*** |  |
| Is there anything else you think the practice needs to be aware of? |  |
| Does the child/your family have a social worker?  ***Please state who if yes*** |  |

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