LEICESTER TERRACE HEALTH CARE CENTRE

CHILD NEW PATIENT REGISTRATION FORM

Welcome to Leicester Terrace Health Care Centre. Please complete all sections below.

PERSONAL DETAILS			
Child's Surname:	Child's Forename:		Child's DOB:
Address:		Postcode:	Male ☐ Female ☐
Tel Home: Preferred number ☐	Tel Mobile: Preferred number ☐	May we send you text messages to your phone concerning your child's health care? Mobile ☐ Home ☐	
Email address: May we contact you by email and/or send correspondence by email? Yes ☐ No ☐			

PARENT/GUARDIAN DETAILS	
Parent/Guardians Title and Full Name: Do you hold parental responsibility? Yes ☐ No ☐	Relationship to Child: DOB:
Parent/Guardians Address:	
Parent/Guardians Title and Full Name: Do you hold parental responsibility? Yes ☐ No ☐	Relationship to Child: DOB:
Parent/Guardians Address:	

HEALTH DETAILS	
Please list any allergies:	
Has your child ever been involved with a Children's Social Service Team?	Yes ☐ No ☐
Do you have a current Social Worker?	Yes ☐ No ☐
If yes, please state name:	
Please state any serious illnesses, operations, accidents or disabilities:	
Please state any family history of serious illness or inherited disease:	

Please list regular medications below and book an appointment with a Doctor when your child's registration is complete to discuss their medications:

OTHER INFORMATION	
Nationality:	Main Spoken Language:

Ethnic Group – please circle:

British or Mixed British / English / Irish / Polish / White & Black African / Chinese / White & Asian / Caribbean/White & Black Caribbean / African Indian or British Indian / Pakistani or British Pakistani / Bangladeshi or British Bangladeshi

Other Black, Asian, White or Mixed Background (Please state)

Does your child have an existing **Summary Care Record**?	Would you like to opt out of the Summary Care Record?	Would you like more time to decide?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Would you like to nominate your chosen pharmacy so that your prescriptions can be sent through electronically?

If so, please state the pharmacy of your choice:

IF YOU WOULD LIKE YOUR CHILD TO HAVE A HEALTH CHECK PLEASE BOOK AT RECEPTION

For Surgery use only. All information checked by:

Reviewed March 2020