

Date
Signature

EMIS No:

CHILD REGISTRATION (Under 16)

We need to make sure we have all the important contact information and health information about your child to register them. Please complete the following carefully and **PRINT CLEARLY**

If you are a new family registering we will need to see:

- Your CHILD'S birth certificate
- YOUR photo I.D. (i.e. Passport/Driving Licence)

Please speak to us if you have difficulty obtaining these documents

Surname:	
Forename:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth:	Place of Birth:
Current Address:	Postcode
Home Tel :	NHS Number:
Mobile No:	Other Contact No:
Previous UK Address:	Postcode
Date of Arrival in UK (If applicable):	
If previously resident In UK, please give date of departure:	
Name & Address of previous GP:	Postcode

about your child

The practice now collects information about our patients' ethnicity. This information will help us learn more about the health needs of our local community and allow us to plan services. All the information we receive will be used and treated with the strictest confidence.

What is the Ethnic Background of your child?
What is the MAIN Spoken language of your child?
Do you require an interpreter? Y <input type="checkbox"/> N <input type="checkbox"/>
What Language do you prefer to read?
'I was given help with this form and do not read any language' <input type="checkbox"/>
What is your religion?
Can you read English even if it is not your preferred Language? Y <input type="checkbox"/> N <input type="checkbox"/>

about **you** (Parent or Guardian)

Name of Parent/Guardian Registering Child:	
Mother's Name: Title	Name
Mother at same address? Yes <input type="checkbox"/> No <input type="checkbox"/> Mother registered at this practice? Yes <input type="checkbox"/> No <input type="checkbox"/> If other, please give details:	
Father's Name: Title	Name
Father at same address? Yes <input type="checkbox"/> No <input type="checkbox"/> Father registered at this practice? Yes <input type="checkbox"/> No <input type="checkbox"/> If other, please give details:	
Who is the PRIMARY carer?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> If other, please give details:
Who has parental responsibility?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> If other, please give details:
To whom does the person with Parental responsibility pay council tax to e.g. state which London Borough:	
Name & Address of Current School or Childminder (If Applicable)	
Do you have a family Social Worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please supply details:	
Please list the names of other household members living within the household: For example siblings, relatives or friends.	
Name	Relationship

Your child's communication needs

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

Does your child:	
have difficulty hearing, need hearing aids or need to lip-read what people say?	Y <input type="checkbox"/> N <input type="checkbox"/>
have difficulty with memory or ability to concentrate, learn or understand?	Y <input type="checkbox"/> N <input type="checkbox"/>
have difficulty speaking or using language to communicate or make their needs known?	Y <input type="checkbox"/> N <input type="checkbox"/>
have any special communication requirements or specific communication support?	
Sign Language: British <input type="checkbox"/> Makaton <input type="checkbox"/> Tadoma <input type="checkbox"/> Other <input type="checkbox"/>	

Lip reading Manual or electronic note taker Speech-to-text reporter

Deafblind intervener Loop System Other

If you have selected any of the above, do they need the assistance of a communication professional? Y N

For written information, does your child need a format other than standard print?

Braille Easy read Large print

your child's immunisations

If your child is 0-5 yrs please provide us with information about any immunisations your child has

Are there any vaccinations you do not want your child to have? Yes No

Please let us know which these are:

If you wish to discuss vaccination please feel free to speak to one of our Nursing Team or see the Immunisation website at www.nhs.uk

received. If you are not sure which vaccinations your child has had, **it would be helpful to bring along any records (eg. the child health book) when you next come to the surgery.**

Age Due	Vaccine	Tick if Given	Date Given	At A GP Surgery	At Other Place
Birth onward	BCG	<input type="checkbox"/>		<input type="checkbox"/>	
	Hepatitis B (course of 4 injections At birth, 1, 2 and 6 months)	<input type="checkbox"/>		<input type="checkbox"/>	
2 months	1 st DTP & Hib & Polio	<input type="checkbox"/>		<input type="checkbox"/>	
	1 st Pneumococcal	<input type="checkbox"/>		<input type="checkbox"/>	
3 months	2 nd DTP & Hib & Polio	<input type="checkbox"/>		<input type="checkbox"/>	
	1st Meningitis C	<input type="checkbox"/>		<input type="checkbox"/>	
4 months	3 rd DTP & Hib & Polio	<input type="checkbox"/>		<input type="checkbox"/>	
	2 nd Meningitis C & 2 nd Pneumococcal	<input type="checkbox"/>		<input type="checkbox"/>	
12 months	1 st MMR, Hib & Men C Booster	<input type="checkbox"/>		<input type="checkbox"/>	
	3 rd Pneumococcal	<input type="checkbox"/>		<input type="checkbox"/>	
15 months	2 nd MMR (or 3 mths after 1 st MMR)	<input type="checkbox"/>		<input type="checkbox"/>	
3yrs 4 months	Dip/Tet/Pertussis + Polio booster	<input type="checkbox"/>		<input type="checkbox"/>	

What is the best way to send you information?

Telephone Text Relay SMS Letter Email Other

There are occasions when it might be necessary to contact you via telephone, text message or email regarding clinical or administrative matters. Please confirm which would be acceptable:

I AGREE <input type="checkbox"/>	I DO NOT AGREE <input type="checkbox"/>	TO THE PRACTICE: LEAVING MESSAGES ON MOBILE/HOME <u>TELEPHONE</u>
I AGREE <input type="checkbox"/>	I DO NOT AGREE <input type="checkbox"/>	TO THE PRACTICE CONTACTING ME <u>VIA EMAIL</u>
I AGREE <input type="checkbox"/>	I DO NOT AGREE <input type="checkbox"/>	TO THE PRACTICE CONTACTING ME VIA <u>SMSTEXT</u>

Summary Care Records are an electronic record of your Medications and allergies that can be accessed (with your consent) in the event of an emergency (for example at an A&E Department).

Local Care Records allow local hospitals and Waterloo Health (with your consent) to share your health records and health information. If you wish to opt out ask reception or visit our website.

ePrescriptions Service – new patients are automatically registered for electronic prescriptions to the nearest local pharmacy. If you have a specific preference, please state here:

The information you have provided will be kept in strictest confidence under the Data Protection Act

Parent or Guardian's Signature:

Date:

GP accepting patient onto list signature:

STAFF USE ONLY:

Birth Cert & ID Verified	Y <input type="checkbox"/> N <input type="checkbox"/>	Staff Initial
Summarise Urgently	Y <input type="checkbox"/> N <input type="checkbox"/>	
Adult Registering Child has Parental Responsibility?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Safeguarding Lead?	Y <input type="checkbox"/> N <input type="checkbox"/>	
Name of Local Authority confirmed if child has social worker AND added to new pt template under "Social Worker" AND patient emis alert added showing SW/Borough	Y <input type="checkbox"/> N <input type="checkbox"/>	
Child under 5 – Details passed to HV Team	Y <input type="checkbox"/> N <input type="checkbox"/>	



Registering new born baby / babies?

Please note that all new born babies should be seen here at Waterloo Health Centre for a 6 week well baby check with a Doctor. We should also see new mums for a 6 week post natal check. These appointments can't always be booked in at the same time so please bear this in mind when booking in. We are able to book these in advance so please contact a Patients Services Administrator on 0207 928 4049 and they will be happy to help with this and any queries.

Please note at **8 weeks onwards** all babies will be advised to receive vaccinations here at the surgery with the nursing team.