

PUTNEYMEAD GROUP



MEDICAL PRACTICE

UNDER-16 REGISTRATION FORM

Welcome to Putneymead.

Before your child can access our services, you will need to complete all the questions in this registration pack.

Please do not hesitate to ask a member of our Reception Team if you need assistance in completing any of the questions.

Once the completed forms have been accepted, your child will be registered on our systems within 24 working hours. Please note we will not be able to book an appointment until this time.

The practice will expect full co-operation from the parent/carer in the supply of child safeguarding details as well as in ensuring your child is up-to-date with their immunisation schedule.

UNDER-16 DETAILS Complete in CLEAR BLOCK CAPITALS

EMIS no. (Office

use): _____

Personal Details _____

Title (Please circle) MISS / MASTER

Family Name _____

First Name _____

Middle Name(s) _____

Previous Family Name _____

Date of Birth ____ / ____ / ____

NHS Number _____

Gender MALE / FEMALE

Ethnicity (please circle) WHITE BRITISH / WHITE IRISH / WHITE OTHER

BLACK BRITISH / BLACK CARIBBEAN / BLACK AFRICAN / BLACK OTHER

MIXED WHITE & BLACK CARIBBEAN / MIXED WHITE & BLACK AFRICAN

MIXED WHITE & ASIAN / ANY OTHER MIXED BACKGROUND

INDIAN / PAKISTANI / BANGLADESHI / OTHER ASIAN BACKGROUND

CHINESE / ANY OTHER ETHNIC GROUP / DECLINE TO PROVIDE
ETHNICITY

Main Language _____

Interpreter Required NO / YES

Home Address

House Name / Flat Number _____

Number & Street _____

Town/City LONDON

Postcode _____

Contact Details

Home Telephone Number _____

Mobile Telephone Number _____

Additional Telephone Number _____

Email Address _____

CHILD REGISTRATION DETAILS

Please complete the appropriate section (a, b, c or d) which is relevant to your child.

In all cases, a parent or guardian will themselves need to be registered at Putney Mead and have shown proof of I.D., address and if registering from abroad, proof of their right to remain in the UK.

a. **MY CHILD IS A NEW BORN BABY, BORN IN THE UK**

Place of Birth (town & country) _____

b. **MY CHILD HAS PREVIOUSLY BEEN REGISTERED AT A DOCTORS SURGERY IN THE UK**

Place of Birth (town & country) _____

Your Previous Surgery's Name _____

Your Previous UK Address _____

c. **MY CHILD HAS NEVER BEEN REGISTERED AT A DOCTORS SURGERY IN THE UK**

Place of Birth (town & country) _____

Date You Entered the UK ____ / ____ / ____

d. **MY CHILD IS RETURNING TO THE UK FROM ABROAD**

Place of Birth (town & country) _____

Date You Left the UK ____ / ____ / ____

Date You Returned to the UK ____ / ____ / ____

HEALTH STATUS

Medical History

Please list any serious illness or operation your child may have had, and the year in which it occurred:

Allergies

Has your child got any allergies or are they allergic to any medication (e.g. Penicillin or Aspirin)? Please list:

Medication

Please list any regular medication your child is taking:

CHILD SAFEGUARDING

Mother's Details

Mother's Full Name _____

Date of Birth _____ / _____ / _____

Address (if different to child) _____

Father's Details

Father's Full Name _____

Date of Birth _____ / _____ / _____

Address (if different to child) _____

Guardian / Significant Other / Additional Person with Parental Responsibility (if applicable)

Full Name & Relationship _____

Date of Birth _____ / _____ / _____

Address (if different to child) _____

School or Nursery Details

Current School / Nursery _____

Previous School Name _____

Previous School Name _____

School Nurse or Health Visitor's Name _____

DECLARATION

The information on this registration pack is correct as of the date below and I will inform Putney mead Group Medical Practice of any updates or changes.

Parent Name _____

Signed _____

Date ____ / ____ / ____

>>> IF YOUR CHILD IS 5 OR UNDER, PLEASE ALSO COMPLETE THE IMMUNISATION HISTORY PAGE OVERLEAF <<<

IMMUNISATION HISTORY FOR CHILDREN AGED 5 AND UNDER

<u>Immunisation</u>	<u>Age</u>	<u>Full Date, if given</u>	<u>GP/Clinic/</u>
<u>Privately</u>			
1 st Tuberculosis (BCG) vaccination	Birth	____ / ____ / _____	
1 st Diphtheria, Tetanus, Pertussis, Polio, Hib	8w	____ / ____ / _____	

1 st Pneumococcal	8w	____ / ____ / _____	
1 st Rotavirus (started July 2013)	8w	____ / ____ / _____	

2 nd Diphtheria, Tetanus, Pertussis, Polio, Hib	12w	____ / ____ / _____	

1 st Meningitis C	12w	____ / ____ / _____	

2 nd Rotavirus (started July 2013)	12w	____ / ____ / _____	

3 rd Diphtheria, Tetanus, Pertussis, Polio, Hib	16w	____ / ____ / _____	

2 nd Pneumococcal	16w	____ / ____ / _____	
2 nd Meningitis C (stopped in June 2013)	16w	____ / ____ / _____	

Combined Hib and Meningitis C	Booster	12m ____ / ____ / _____	

3 rd Pneumococcal	13m	____ / ____ / _____	
1 st Measles, Mumps and Rubella	13m	____ / ____ / _____	
Measles, Mumps and Rubella Booster	18m	____ / ____ / _____	

Diphtheria, Tetanus, Pertussis, Polio Booster	3y4m	____ / ____ / _____	

Other Immunisations (please list below any other immunisations your child has received, including Hep A and Hep B)

Immunisation
Privately

Full Date, if given

GP/Clinic/

_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____
_____	__ __ / __ __ / __ __ __	_____

Please arrange an appointment with our Practice Nurse once your child is registered if he or she is not up-to-date.

Feel free to speak to administrators Jak or Lynda should you have any queries regarding your child's immunisations.