



## **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.

*(Please note if the mother is not registered with us already, please keep mum & baby's form together).*





# PUTNEYMEAD GROUP MEDICAL PRACTICE

[www.putneymead.co.uk](http://www.putneymead.co.uk)  
266 Upper Richmond Road  
Putney, London  
SW15 6TQ  
TEL: 020 8788 0686

## **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 \_\_\_\_\_



## **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 Putneymead 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)

NHS Number (**Must** be provided)

### **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 medications? ( e.g. Penicillin or Aspirin) Please list:

### **Medication**

Please list any regular medication your child is taking:



## **CHILD SAFEGUARDING**

### **Mother's Details:**

Full Name

Date of Birth

Address ( If different to child)

Has Parental Responsibility for the child?

YES

NO

### **Father's Details:**

Full Name

Date of Birth

Address ( If different to child)

Has Parental Responsibility for the child?

YES

NO

### **Any other adults with Parental responsibility for the child? Please indicate below:**

Full Name

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

***(IF YOUR CHILD IS 5 OR UNDER, PLEASE ALSO COMPLETE THE IMMUNISATION HISTORY PAGE OVERLEAF)***

### **DECLARATION**

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

Parent Name \_\_\_\_\_ Signed \_\_\_\_\_

Parent Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



**IMMUNISATION HISTORY FOR CHILDREN AGED 5 AND UNDER**

<u>Immunisation</u>	<u>Age</u>	<u>Full Date, if given</u>	<u>GP/Clinic/Private</u>
1st Tuberculosis (BCG) vaccination	Birth		
1st Diphtheria, Tetanus, Pertussis, Polio, Hib	8w		
1st Pneumococcal	8w		
1st Rotavirus (started July 2013)	8w		
2nd Diphtheria, Tetanus, Pertussis, Polio, Hib	12w		
1st Meningitis C	12w		
2nd Rotavirus (started July 2013)	12w		
3rd Diphtheria, Tetanus, Pertussis, Polio, Hib	16w		
2nd Pneumococcal	16w		
2nd Meningitis C (stopped in June 2013)	16w		
Combined Hib and Meningitis, C Booster	12m		
3rd Pneumococcal	13m		
1st 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)

<u>Immunisation</u>	<u>Age</u>	<u>Full Date, if given</u>	<u>GP/Clinic/Private</u>

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 any nurses you have any queries regarding your child’s immunisations.