

PUTNEYMEAD GROUP



MEDICAL PRACTICE

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## **UNDER 6 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).*

## **UNDER 6 DETAILS: Complete in CLEAR BLOCK CAPITALS**

EMIS (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 (Please circle) 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 (Please circle) 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:

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### **Allergies**

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

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### **Medication**

Please list any regular medication your child is taking:

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

***(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 Putney mead Group Medical Practice of any updates or changes.

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

Signed \_\_\_\_\_

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

## IMMUNISATION HISTORY FOR CHILDREN AGED 5 AND UNDER

Immunisation	Age	Full Date, if given:	GP/Clinic/Private/Abroad
(1 <sup>st</sup> ) BCG (TB) Tuberculosis	Birth	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Pertussis	8 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) Pneumococcal	8 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) Rotavirus	8 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) Meningitis B	8 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(2 <sup>nd</sup> ) Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Pertussis	12 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(2 <sup>nd</sup> ) Rotavirus	12 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(3 <sup>rd</sup> ) Diphtheria / Hepatitis B / Hib / Polio / Tetanus / Pertussis	16 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(2 <sup>nd</sup> ) Pneumococcal	16 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(2 <sup>nd</sup> ) Meningitis B	16 weeks	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) Hib/Meningitis C	12-13 months	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(1 <sup>st</sup> ) MMR – Measles / Mumps / Rubella	12-13 months	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(3 <sup>rd</sup> ) Pneumococcal	12-13 months	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
(2 <sup>nd</sup> ) MMR – Measles / Mumps / Rubella	18 months	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Diphtheria / Tetanus / Pertussis / Polio Booster	3 years and 4 months	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

### Other Immunisations

Please list any other immunisations your child has received below:

Immunisation	Age	Full Date, if given:	GP/Clinic/Private/Abroad
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

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 a nurse if you have any queries regarding your child's immunisations.