

REGISTRATION FORM FOR CHILD OR YOUNG PERSON (<18years)

Surgery Details: Dr S Humphreys, Dr C Leeman Stansted Surgery, 86 St Johns Road, Stansted CM24 8JS	Date form completed: NHS Number if known:
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Details of child being registered

Surname:	Forename(s):
Date of Birth :	Sex: Male / Female
Current Address :	Contact details Home Tel.: Mobile No:
Post Code :	
First or Preferred language spoken:	Religion:
Ethnic origin:	Place of birth:
Name of School/Nursery	Has the child been known by any other name : YES /NO If yes please give details:
Name and address of previous GP:	Previous address: Date first came to UK (if from abroad:

Details of Childs Main Carer:

Surname:	First Name:
Current address (if different from child's):	Contact details (if different from above):
What is your relationship to the child: (ie Mother, father - specify)	Consent to be contacted by text message Yes/No

Does the child have contact with the father if mother is the main carer Or mother if father is the main carer or both if main carer is aunt/granny etc

Surname:	First Name:
Current address (if different to child's):	Contact details (if different to child)

Childs Surname:	Childs Forename:
Any other significant carers involved in the upbringing of this child or young person (eg Stepfather, aunt, grandparent or Foster carer) If yes please give details:	
Are any other services known or involved with family or young person? Eg Social Care, CAMHS: YES / NO If yes, please give details :	
Does the child have any disabilities or distinguishing features? YES / NO If yes, please give details:	
Please state any significant medical history :	
Is the patient on any repeat medication? YES / NO If yes please give details:	
Does the child suffer from any allergies? YES / NO If yes please give details:	
Is there any significant family history? ie. Asthma/Heart conditions	
Is the child or YP a smoker?: YES / NO	Does the child or YP consume alcohol? YES / NO

HOUSEHOLD COMPOSITION					
Please list all persons (adults and children) who live at the address with this child					
Surname	First Name	DOB	Occupation/School / Nursery	Relationship to child ie. Sibling/aunt etc	Registered at surgery (Yes/No)

Please Fax 01245 397762