

The Mill Medical Practice Registration Form - CHILD

Name:

Address:

Post Code: Telephone:

Has your child previously been registered with the NHS? Yes No

Has your child previously been registered at this Practice? Yes No

If so, under what name:

Does your child have any of the following conditions?

Condition	Yes	No	Details	Family History
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please specify		

If your child is aged five years or under, we require all immunisation dates at the time of registration (this information is available in your red book)

Date Given	Please Circle Vaccines Given										
	D	T	P	Pol	Hib	Hep B	Men C	Men B	PCV	MMR	Rot
	D	T	P	Pol	Hib	Hep B	Men C	Men B	PCV	MMR	Rot
	D	T	P	Pol	Hib	Hep B	Men C	Men B	PCV	MMR	Rot
	D	T	P	Pol	Hib	Hep B	Men C	Men B	PCV	MMR	Rot
	D	T	P	Pol	Hib	Hep B	Men C	Men B	PCV	MMR	Rot

Key: D = Diptheria T = Tetanus P = Pertussis Pol = Polio Hib = Haemophilus influenza Hep B = Hepatitis B
 Men C = Meningitis C Men B = Meningitis B PCV = Pneumococcal infection
 MMR = Measles Mumps Rubella Rot = Rotavirus

For office use only:

Id & Proof of Address provided (please detail) _____

Checked by (initials) _____ Date _____

Please turn over ...

Which school will your child will be attending:

.....

Does your child have any allergies Yes No

If so, please give details:

ETHNIC MINORITY MONITORING CATEGORIES

The section below is for NHS research purposes only and we would be grateful if you could complete it.

WHAT IS YOUR ETHNIC GROUP?

Choose one section from A to E and tick the appropriate box to indicate your cultural background:

A. White

- British
- Irish
- Other (please specify)

B. Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other (please specify)

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other (please specify)

D. Black & Black British

- Caribbean
- African
- Other (please specify)

E. Chinese or Other Ethnic Group

- Chinese
- Other (please specify)

IF YOU CHILD IS TAKING REGULAR MEDICATION, YOU WILL NEED TO MAKE AN INITIAL APPOINTMENT WITH A DOCTOR TO GET A REPEAT PRESCRIPTION, ONCE YOUR CHILD HAS BEEN REGISTERED HERE.