Staff Use:
Red book immunisation or immunisation history taken?

Hockley Medical Practice
New Patient Registration Form – Under 5years Old

Please complete this confidential questionnaire (one for each child under 5years). Please complete in BLOCK CAPITALS and tick the boxes as appropriate. If you are newly arrived in this country, please bring your passport to confirm your date of birth. If your address is outside of the Practice catchment area, please understand that you will not be covered for the following services: Home Visits, Community services including District Nurses, Health Visitor and Community Matron.

1. NAME & CONTACT DETAILS:

FULL NAME:	Address: Postcode:
Date of Birth:	Gender: Male ☐ Female ☐
Mothers Mobile Number:	We send appointment reminders on your given mobile number. If you do not want text messaging services, you can opt out by letting us know. Opt In ☐ Opt Out ☐
Mother E-mail Address:	Do you require Online Access for Appointment booking & ordering repeat medication? YES ☐ NO ☐
Home Telephone Number:	*PROXY ACCESS:* Ages 0-10 Parent may request access for online services – ID required
Mother/Parent Work Telephone Number:	
Country & Town of birth:	If county of birth is outside of UK, Date of entry in to UK:
Mothers Name:	Other Adult with Parental Responsibility? (ie father/*Legal Guardian)? *please provide documents to confirm legal guardianship*
Parent/Guardian registered at this Practice? YES ☐ NO ☐	Name: Relationship to child:

2. PREVIOUS GP & ADDRESS DETAILS:

PREVIOUS GP:	PREVIOUS HOME ADDRESS:

Housing (Select one)	House	Maisonette	Flat	Mobile Home	NHS Number (If Known)

3. PERSONAL DETAILS:

Which School/Nursery/Day Centre do you attend?	Name:	Address:

Your Ethnic Origin: (select one)	White (UK) 9i0	White (Irish) 9i1%	White (Other) 9i2%
Caribbean 9i3	African 9i4	Asian 9i5	Other Mixed Background 9i6%
Indian / Brit Indian 9i7	Pakistani / Brit Pakistani 9i8	Bangladeshi / Brit Bangladeshi 9i9	Other Asian Background 9iA%
Other Black Background	Chinese 9iE	Other 9iF%	Ethnic Category not stated 9iG

Your main or 1st language Spoken / Understood:	English	Hindi	Gujrati	Urdu	Bengali /Sytheti	Punjabi

Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)

Do you require an interpreter for appointments at the surgery? YES ☐ NO ☐						
4. YOUR MEDICAL BACKGROUND:						
What illnesses have you had & When?						
What operations have you had and When?						
Do you have any medical problems at present?						
Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)						
What immunisations have you had? (please tick all that apply & provide copy of immunisation history or Red Book)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough	Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses			
5. SPECIFIC NEEDS: Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:						
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):						
Please state any Physical/Mental disabilities you have:						
Please state any requirements you have for you to be able to access the Practice premises:						
Please state any allergies and sensitivities you have:						

Summary Care, Your Care Connected Records.

The NHS are changing the way your health information is stored and managed. To provide safe health care if you wish, your medical record containing allergies, medications and diagnostics results can electronically be available to acute hospitals in this country. If you do not wish this to be given, please let staff know.

Are you happy to have a • Summary Care Record? • Your Care Connected	Yes	No *Please collect a Summary Care Opt Out Form from reception*	More Time Required to decide:

Parent/Guardian Signature:		**Parent/Guardian Name:**	
Date:			

**please contact our health visiting team on 0121 551 9020 to book appointment for your child age 0-5 for health and development review **

Thank you for completing this form