

THE FAMILY PRACTICE

REGISTRATION FORM FOR YOUNG PERSON AGED 0-16 YEARS

We would be grateful if you could fill in this questionnaire. It will help us identify any health problems/concerns you may have about your child so we may advise/support you to improve your child's health/well being.

Child's name: Date of Birth:

Address:

Child's school or nursery (if applicable):

Parents/Guardians' names:

Contact telephone Number: Home: Work:

Mobile:

Main Carer (if different from above):

Contact details if you wish us to contact them:

Relationship to child: Ethnic origin of child:

Does your child have any long term health problems or do you have any worries about your child's health/behaviour?
Please specify:

If you wish to discuss further, please make an appointment for your child either with the Health Visitor (if under 5) or the doctor. **Please note that you will need to make an appointment with a doctor the first time you request medication. This is for the medication to be reviewed.**

Do you have any housing issues which could be affecting your child's health? YES/NO

(If yes please give details):

Is your child currently receiving care from a specialist? YES/NO

(If so please state what for):

Are your child's immunisations up to date? YES/NO

Does your child smoke? (If of over 15 years old) YES/NO/DON'T KNOW

Is your child receiving support from any other service? YES/NO
(i.e. school nursery/social services/health visitors)

(If yes please give details)

Is your child currently receiving care from a specialist? YES/NO

(If yes please say what for)

ANY OTHER INFORMATION PLEASE RECORD OVERLEAF

Form completed by: Relationship to child:

Health visitors contact number: 01483 764871
The Family Practice, St Johns Health Centre: 08444 771852