

**New Patient Registration Form for Children Under 18yrs**  
**Heaton Medical Centre**

Please complete as many questions as you can. The information will help the practice to provide better medical care for you. This information will be held in the strictest confidence as per Data Protection Law.

<b>Childs Name:</b>	
<b>Gender Identity:</b>	<b>Which of the following best describes how the child thinks of themselves?</b> Male (including Trans Male) <input type="checkbox"/> Female (including Trans Female) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> In another way <input type="checkbox"/>
	<b>Is the child's gender identity the same as the gender they were assigned at birth:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Childs Date of Birth:</b>	
<b>Childs Place of Birth:</b>	
<b>Ethnicity:</b>	
<b>Main Spoken Language:</b>	
<b>Current Address:</b>	
<b>Previous Address:</b>	
<b>Contact Telephone Number:</b>	
<b>Childs current School/ Nursery:</b>	

	<b>Details:</b>
<b>Does your child have any medical conditions?</b>	
<b>Does your child have any additional needs?</b>	
<b>Do you consider your child to have a disability?</b>	
<b>Does your child take any regular medication?</b>	

Does your child have any allergies?	
-------------------------------------	--

**Who else lives in your household with your child?**

Name:	Age/ Date of birth:	Relationship to child:

Vaccinations the child has had:	Date given:
Alternatively please bring in your child's Red book on registration so the surgery can take a photocopy!	

	Other Details:
Do you have parental responsibility for the child? Y/N	
Is the child you are registering 'Adopted or looked after' by the local authority or subject of a child protection plan? Y/N	
Does the child/ your family have a social worker? Y/N Please give name/ contact details:	
Is your child a carer for you or someone else? Y/N If so, for whom?	
Do you know the name of the child's Health Visitor/ school Nurse? Y/N	
Is there anything else you think the practice should be aware of? Y/N	

**We are part of the Bolton Care Record. Records that your GP holds about you will be able to be shared with relevant NHS Healthcare and Social care professionals.**

<b>Name of person completing this form:</b>	
<b>Relationship to child:</b>	
<b>Signature:</b>	
<b>Date:</b>	