

ID requirement for CHILDREN: Birth Certificate, proof of address and proof of parental responsibility

Other requirements for children: Red Book - Immunisation Record

Date	
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Child's Personal Details

Forename	
Surname	
Mothers/ Guardians Surname - if different from the above	
Does anyone not living at the same address as you also have parental responsibility?	
Date of Birth	
Sex	
Ethnic origin	

Child's Contact Details

Address		
Postcode		
Mobile number		
Home telephone number		
Email address		
Emergency Contact Name		
Emergency Contact's Phone Number		
Your School		
School telephone number		
Do you have a Social Worker?	YES/NO	
If Yes - Social Workers Name		
Are you a Child in Care?	YES/NO	
Are you on the Child Protection Register?	YES/NO	

Language and Accessibility

First language		
If your first language is not English do you need translator		YES/NO
Do you have any special communication needs?		
When we write to you or contact you, do you need us to communicate in a particular way?		YES/NO
Does your parent / guardian have any special communication needs?		YES/NO

If your answer is YES the receptionist will ask you some other questions to enable us to communicate with you effectively

Details of Parent or Parents with Parental Responsibility / Guardian's Details

Forename	
Surname	
Relationship to the child	
Address	
Postcode	
Mobile number	
Home telephone number	
Email address	

Forename	
Surname	
Relationship to the child	
Address	
Postcode	
Mobile number	
Home telephone number	
Email address	

Who lives at the same address as you?

Name	Date of Birth	Relationship (mother, cousin, family friend)

Carer

Do you have anyone who looks after you or your daily needs as Carer?	YES/NO
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If yes, name and contact details:

Forename	
Surname	
Mobile number	
Home telephone number	
Are they registered with our Practice?	YES/NO
Do you care for anyone else?	YES/NO

If YES the receptionist will give you information about Hillingdon Carers and the support they offer

Immunisation History

Please bring in your Red Book or Immunisation History

Medical Information Needed

Weight (approx)	
Height	

Medical History

Please give details of any significant medical conditions and the approximate year of diagnosis:

Condition		Year	
Condition		Year	
Condition		Year	
Condition		Year	
Condition		Year	
Condition		Year	

Continue on back of sheet if necessary

Allergies

Are you allergic to any medication, substances or foods?	YES/NO
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If yes, please give details:

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Family History

Is there any of the following in your family (*father, mother, brother, sister*) before the age of 65?

Heart Disease?	YES/NO	Which family member?	
Stroke?	YES/NO	Which family member?	
Cancer?	YES/NO	Which family member?	
If Cancer - what type of Cancer?			
Asthma?	YES/NO	Which family member?	

If you are 16, 17 or 18 years old, please complete the following:

Smoking

Non smoker?	YES/NO
Ex-smoker?	YES/NO
Smoker?	YES/NO
If yes, how many a day?	