

Additional Registration Form /New Patient Questionnaire for under 18s

Name Date of Birth.....

Mother's NameTelephone number.....

Address Details (if different from Childs)

Father's NameTelephone number.....

Address Details (if different from child's).....

Who has parental responsibility? (Please circle one or both if applicable) Mother Father

Someone else (please state name and relationship to child).....

Next of Kin (Emergency Contact- if different from above)

Name:

Address:

Telephone (Home):Telephone (Work) :Telephone (Mobile):

OTHER INFORMATION

If your child is under 1 year of age: were they premature? Yes / No

Is your child home-schooled? Yes / No If No, which school do they attend?.....

Name of previous schools (if any):

Has your child ever been suspended (fixed-term exclusion) or permanently excluded from school? Yes / No

Name of Health Visitor/School Nurse/ Family Support Worker

Is your child currently, or ever been, the subject of a Child Protection Plan or a Child in Need Plan? Yes / No

If yes, when? Date: Why were they on a plan?

Is your child currently, or ever been, a "Looked After" child of "Child in Care" (i.e. in Foster Care or in a Children's Home)? Yes / No

Is your child adopted? Yes / No If yes, are they aware of this? Yes / No

Are you currently going through an adoption process? Yes / No

HOUSING: Are you **homeless**? This includes sofa surfing, living in temporary accommodation, hostel, hotel room Yes / No

Do you have a Housing Officer? Yes / No If yes, please give details.....

What type of accommodation does the child live in? (Please circle) Privately owned, Council owned, House, Bungalow, Hostel, Hotel room, Flat (if flat which floor?)

Are there any housing problems? e.g. overcrowding, damp, mould

Thank you for completing this form

V10 June 2024

Please list all the people (children & adults) that share the house with the child and their relationship to them

NAME OF PERSON	ADULT or CHILD (Please give age if under 18)	RELATIONSHIP TO CHILD	ARE THEY REGISTERED AT THIS PRACTICE?
		MOTHER	YES / NO
		FATHER	YES / NO
		BROTHER / SISTER	YES / NO
			YES / NO