

New patient registration form – Redwell Medical Centre

Child/Young Person <18

1 Turner Rd, Wellingborough, Northants NN8 4UT. 01933 423424 www.redwellmedicalcentre.co.uk.

Please complete one per each adult member of the family. All responses are strictly confidential.

Full name		Tel. home	
Date of birth		Work	
Who has legal responsibility for the child? Name(s) and relationship to child		Mobile (parent) If 16 years or older please also let us know your personal mobile number :- Mobile (16+)	

Religion of child (circle one)	None Church of England Catholic Buddhist Hindu Jewish Jehovah's witness Muslim Sikh Other (please specify).....
Ethnic origin (circle one)	White (UK) White (Irish) White (other) Asian Indian/Brit. Indian Chinese Pakistani/Brit. Pakistani Bangladeshi/Brit. Bangladeshi Other Asian African Caribbean Other Black Mixed Other (please specify).....
First language of child (circle one)	English Bengali Gujarati Hindi Italian Punjabi Polish Romanian Ukrainian Urdu Other (please specify)
First language of parents (circle one)	English Bengali Gujarati Hindi Italian Punjabi Polish Romanian Ukrainian Urdu Other (please specify)
Interpreter?	Will you require an interpreter for your child's appointments? Yes / No

Social History

Does your child attend school or nursery?	Please provide details:-
Does your child have a social worker or have you ever had a social worker involved in your family?	Please provide details:-
Please enter here any other social issues that may be affecting your child's health and wellbeing:-	

Disability or Special needs?

Please let us know if your child has any disability or special needs (please include developmental conditions such as ADHD or autism or any mental health problems)

Family History

Please let us know of any relevant family history for a child e.g. asthma, diabetes, inherited conditions:-

Your child's medicines and allergies

Allergies (if none, state "none")	
We will require a copy of a recent medications list from your previous pharmacist or GP surgery before we can issue the medication. You will need to see a Clinician before the medication is put on repeat.	
All prescriptions are now sent electronically directly to a pharmacy of your choice – please tell us what pharmacy you would like to use as your main pharmacy:	

Current weight (Kg/Stones)		Birth weight (Kg/pounds, ounce)	
Current Height (cm or feet)			
Does anyone smoke in the household or does your child smoke?		YES / NO	

If yes to the under 18, how many per day?

Medical Problems

Please let us know your child's medical problems as it sometime takes many weeks before we receive your medical records. If none please state "none".

If your child is < 5 years old, please include any details about problems in with the pregnancy, birth or in the post-natal period.

Immunisations

Is your child's immunisations up to date?

Please can we take a copy of the immunisations page(s) from your child's Red Book.

Space for anything else you wish to tell us (or extra space if needed from any previous questions)

Summary Care Record (SCR) This is for sharing information about medication and allergies with other health professionals (e.g. hospitals). I consent to a SCR being created for me **YES / NO** (please circle)

You will find the Practice Privacy Notice displayed in the waiting area and also on our website.

Please check that you have completed all sections of this form correctly. *If you do not complete this form correctly your registration will not be accepted.* Thank you for your help.

For more information about the services we offer, please pick up a patient information leaflet or see our website www.redwellmedicalcentre.co.uk

For office use only – please check all fields are completed.

Checked by...

Date