**Welcome to the Belmont Health Centre (Children 0-15 years)**

Thank you for completing this questionnaire. All information you give is confidential and will be held on you medical records. Please can you:

Complete **both sides** of this form, writing clearly and in **BLOCK CAPITALS**

Provide a specimen of Urine

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of birth |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| We may occasionally communicate with you by SMS or email. We will not pass your email address or phone number to any non-NHS organisation. Tick here if you do NOT wish to be contacted by email or SMS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who should we contact in an emergency?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of carer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Ethnicity**

What is your country of birth? What is your first language?

White British

Other White ethnic group

Black British

Black Caribbean

Black African

Black other

Other Black ethnic group

Indian

Pakistani

Bangladeshi

Chinese

Vietnamese

Other Asian ethnic group

I do not wish to state my ethnic group

Other ethnic group (please state):

**Religion**

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please state)

Vietnamese

**Additional Information**

Is this child under any social care order?  Yes  No

Is this child a ‘looked after’ child?  Yes  No

Is there any history of fits/epilepsy or TB?  Yes  No

If yes please give details: ……………………………………………………………………………………………………………………………………………………………

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Please list any serious illnesses, accidents, operations or disabilities

(Please state hospital and year)

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**IMMUNISATIONS**

**REQUIRED DOCUMENTATION**

* RED BOOK
* ROUTINE CHILDHOOD IMMUNISATION & NON-ROUTINE IMMUNISATION/VACCINATION HISTORY

Staff Checklist:

1. Red book seen / Imms history provided
2. Red book not seen / Imms history to be advised

Imms pages copied

Patient will bring in

**Drugs and Medications**

If you require any medication, you must make an appointment with a Doctor for this to be issued. Please bring your repeat medication slip or attach your last prescription.

**Thank you for your time and help in completing this questionnaire**

*Issuing of the registration documents does not guarantee registration with this Practice*

**For office use only**

**Proof of ID seen:**  Yes  No

Document Initials/Date

**Proof of address seen (e.g. Utility bill):**  Yes  No