**Practice:** **Watton Medical Practice** **NHS Norfolk**

**CHILD REGISTRATION FORM**

Thank you for registering with the practice. Please will you complete this form so that we can inform the Health Visitor/School Nurse

| **Surname:** | **First/Middle Name's:** | **Date of birth:** |
|---|---|---|
| | | |

| **NHS No:** | **Home Tel No:**<br><br>**Mobile Tel No:** |
|---|---|
| | |

| **Present Address:** | **Former Address:** |
|---|---|
| | |

**Is this a temporary address:** Yes/No
(delete as applicable)

**If yes, how long do you plan to stay at this address?**

| **Previous GP:** | **Previous GP Address:** |
|---|---|
| | |

**Family Composition**

| **Name:** | **DOB:** | **Parent/Guardian/Carer (please specify)** |
|---|---|---|
| | | |

**Children in the family**

| **Name:** | **Sex:** | **DOB:** | **Present School/Nursery** | | **Any special Needs Yes/No** |
|---|---|---|---|---|---|
| | | | | | |

**Dates of previous immunisations:**

| Primary Course | | | | Pre-school booster | Child Health Surveillance |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | | BCD |
| Diptheria | | | | | Measles |
| Tetanus | | | | | MMR |
| Pertussis | | | | | |
| Polio | | | | | |
| HIB | | | | | |
| Meningitis C | | | | | |
| | | | | If dates are unknown, please tick courses given | |

**Please specify any vaccinations this child should not have:**

**Does this child have any allergies?** **Yes/No**

If yes, please give details:

**Please tick the child's ethnic background:**

| | | |
|---|---|---|
| **White British/Irish** | **White European** | **Caribbean** |
| **Bangladeshi** | **Chinese** | **Other Asian** |
| **Asian** | **Pakistani** | **Afrian** |
| **Would prefer not to say** | | |