Hove Medical Centre Registration Form for Under 11's

Please complete ALL OF this form as it provides the surgery with basic information about you pending the arrival of your medical notes from your previous GP

First name…….Family name……Title ……

Previous name [s]…… [if applicable]

Ethnicity. …….. First language……Do you need an interpreter? Yes [ ] no [ ]

Male [] Female [] Date of Birth……..Place of birth…….

Address……

Postcode …….

Your previous address……...
or
Date of entry to UK ……

Telephone number – Mobile …….
- Landline…… **Can message be left**? Yes [] No []
- Email…….

Please give full details of parents/next of kin/guardian and their relationship to patient including address and telephone number
..……..……
……

Name & Address of School Attended :-
……

Is The Child a Carer Yes[ ] No [ ]

If yes who for? - please give details of name, relationship and whether they are getting support from any outside agencies .
……
……

Previous GP – name and address…….

Please provide us with the following information
Height…… Weight……

Please Supply Information regarding Any Significant Medical Problems /Diseases:- ……..

IS THE CHILD UNDER THE CARE OF SOCIAL SERVICES? Yes[ ] No[ ]
IN FOSTER CARE? Yes [ ] No [ ]
HAVE ANY SAFEGUARDING ISSUES ? Yes [ ] No [ ]

MEDICATION –(please attach a list of your computerised current medication to this form)

PLEASE NOMINATE A CHEMIST FOR YOUR PRESCRIPTIONS TO GO TO ……

IMMUNISATIONS –Please supply details of all Immunisations (as soon as possible after Registration for the Practice Nurse.

Do you give consent for us to send you email's or texts regarding Non Medical Issues such as :-

Patient Participation Group ? Yes[] No []
Surgery Newsletter? Yes[] No []
New Services? Yes[] No []

Do you want to Opt out of all Non Medical Contact from the Surgery? Yes[] No []

IF THIS FORM IS BEING COMPLETED BY THE PATIENTS PARENT/GUARDIAN PLEASE GIVE DETAILS AS FOLLOWS:-
NAME……

ADDRESS
……
RELATIONSHIP TO CHILD
……

THANK YOU FOR COMPLETING THIS FORM AND WELCOME TO HOVE MEDICAL CENTRE.

FORM CHECKED BY –Full Name……..

WHAT ID CHECKED ……

DATE RECEIVED - ……..