Registration at Cloister Road Surgery for Children and Young People under 16

41-43 Cloister Road, London W3 0DF Tel: 020 8992 4331

Welcome to Cloister Road Surgery. You can check to see if your child lives within our practice area boundary on our website www.cloisterroadsurgery.co.uk or at reception. You can also download registration/health forms online, complete them and bring into reception. Please complete all registration sections and as much of the health information form (overleaf) as you can, returning the form to reception. This information will help us to give your child the best possible care. Medical treatment is available from the date of registration.

We contact patients by text and email. If you would like this service, please make sure we have the appropriate contact details. If you would prefer not to have this contact, please tick here ☐

Information about your child

Mr/Miss/Ms/Mrs		Family/surname			
Male/Female		First name			
Child's date of birth (dd/mm/yy)		Any previous family or maiden name			
NHS number					
email address					
Who has parental responsibility? (please tick)	Mother ☐	Father ☐	Joint ☐	Adoption Agency Parental Responsibility ☐	
Full name and date of birth of mother	Full name of mother	(DD/MM/YYYY)	Contact tel. no/mobile		
Full name and date of birth of father	Full name of father	(DD/MM/YYYY)	Contact tel. no/mobile		
Name(s) of any carers			Contact tel. nos/mobile		
Does your child have any responsibilities as a carer? Yes ☐ No ☐					
Country of birth			Town of birth		
Current address				Postcode	
School/college name and address					

Please help us to trace your child's previous medical records by providing the following information:

Previous/home address in the UK				Postcode
Name and address of doctor while living at previous address				Postcode

If you have come from abroad:

Date your child first came to the UK (DD/MM/YYYY)		First UK address where registered with a doctor		Postcode

Your child's ethnicity and language (please tick):				
White	Asian or British Asian	Mixed Race	Black or Black British	Chinese or other ethnic group
□ British □ Irish □ Other White (please state):	□ Indian □ Pakistani □ Bangladeshi □ Other Asian (please state):	□ White & Caribbean □ White & African □ White & Asian □ Other Mixed (please state):	□ Caribbean □ African □ Other Black (please state):	□ Chinese □ Other Ethnicity (please state):
□ I do not wish to answer this question Main language you speak at home: Do you need an interpreter to come with your child to see the doctor? □ Yes □ No				

Health Information

Height (m/cm)		Weight (kg)	
Does your child have any allergies?			
Please list any health problems, illnesses or operations (past or present) with dates, if known	Health problems, illnesses or operations:		Date(s)
Please tell us about any medications that your child is taking			
Please tell us what vaccinations that your child has had and any relevant details eg (single vaccinations given or any missed and reason)	Diphtheria/Tetanus/Pertussis H. influenza type B (DTP, HIB) Polio Meningococcal type C (men C)	Measles/ Mumps/ Rubella (MMR)	Diphtheria,/Tetanus/ Acellular Pertussis (DtaP) Polio Measles/Mumps/Rubella(MMR)
PLEASE BRING YOUR RED BOOK	Age: 2,3 & 4 months	12 -15 months	3-5 years
Were these vaccinations given? (Yes/No) Please give details & dates			

Family history:		**Relative (please indicate):**
Heart disease (Yes/No)		
Stroke (Yes/No)		
Hypertension (Yes/No)		
Diabetes (Yes/No)		
Asthma (Yes/No)		
Cancer (Yes/No)		
Other (Please indicate)		

Smoking:			
Does your child smoke? (Yes/No)		If 'yes', how many cigarettes per day?	