

Park Lane Practice



Under 18 New Patient Registration Document

Child's Name	
Child's Date of Birth	
Ethnicity	
Interpreter required? Y/N	
Main Languages Spoken	
Child's current school / nursery	
Current address	
Previous address	
Does your child have any medical condition? Y / N	Details
Does your child have any additional needs? Y / N	Details
Does your child take any regular medicines? Y / N	Details
Does your child have any allergies? Y / N	Details

Who lives in your household with your child?

Name	Relationship to Child

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Is your child 'Looked After' by the local authority? Y / N	Please give details of care order, parental responsibility, carers details etc
Does your family have a social worker? Y / N	Details
Is your child a carer Y / N	If so, for whom?
My allocated Health Visitor is:	

Name of person completing this form	
Relationship to the child	
Signature	
Date	

I CONSENT to my child, named above; receiving protection against the following diseases in accordance with the local immunisation programme and that myself or the following person's to bring the child for vaccinations:

Name:

Relationship to child:

Name:

Relationship to child:

**Diphtheria, Whooping cough, Tetanus, Polio, Hib
Pneumococcal
Meningitis C
MMR (Measles, Mumps & Rubella (German Measles)
Rotavirus**

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Influenza

Meningitis B

Pre-school booster

Signature: (Parent / Guardian)

Date:

****ADMIN – PLEASE COPY RED BOOK OR GET VACCINATION HISTORY FROM PARENTS***

In the event that the above named persons cannot bring the child for vaccination, please telephone the Practice Nurse prior to the appointment to enable her to gain your verbal consent and take details of the person who will be attending with the child in advance.

FAILURE TO INFORM THE PRACTICE MAY RESULT IN THE CHILD NOT RECEIVING THE VACCINATION ON THE DAY

*** The practice is aware appropriate others, on occasion, may need to give consent for vaccinations if the child is not under the parent's care ***



FAILING TO ATTEND APPOINTMENTS

We ask that all patients inform the practice if they are unable to attend a booked appointment if it is possible for them to do so.

When a patient fails to attend it means an appointment that could have been given to another patient is wasted.

Any patient that is seen to be repeatedly missing appointments may be asked to leave the surgery and register elsewhere. It is practice policy that a patient who misses three consecutive appointments without a reasonable explanation will be removed from the list and asked to register elsewhere.

Please sign below to confirm you have read and understood this policy and that failure to attend appointments without notifying the practice could result in removal from the practice list:

Name (print):

Signed:

Date: