

SGP Pre-registration form for patients under 18 years old

Child's Details

First Name..... Surname

Ethnicity (please circle)

White British	White Irish	White other	White/Black Caribbean
White/Black African	White/Asian	Mixed other	British Indian
British Pakistani	Bangladeshi/British	Other Asian	British Caribbean
African	Other Black	Chinese	

Other.....Child's Country of Origin?.....

If from overseas on what date did the child enter the country?

Parents' Details

Mother's **FULL** Name Date of Birth

Father's **FULL** Name..... Date of Birth

Which parent has parental responsibility? Mother Father Both

Note: This is always the mother and also the father if parents were married when the child born **and** the father is named on the Birth Certificate **and** the child was born after 1st December 2003 in England and Wales. The father does not lose parental responsibility after a divorce.

Address of Person with Parental Responsibility (**ONLY** if different from the child's address)

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GP practice mother and father registered if not this practice.....

Registering adults' details

What is your relationship to the child? Mother Father Other

If other then complete following information:

Name.....Relationship to the child.....

DoB.....Address.....

Mob tel..... GP practice registered.....

Details of any Siblings

Full Name Date of Birth

Full Name Date of Birth

Full Name Date of Birth

Full Name Date of Birth

Details of any other Household Members (e.g. lodgers, nanny, relations etc.)

Full Name Date of Birth

Name and Address of current School or Nursery.....
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1. Does the child have a current social worker? Yes No

If so please give their name and borough (eg Haringey)?
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2. Were there any previous social workers for this child? Yes No

If so please give their names and boroughs
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3. Is the child in a care home or fostered? Yes No

If so please give the name and address of this home or the home in which they are fostered
.....
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4. Has the child had any major illnesses or operations, chronic illnesses such as Asthma or any disabilities? Yes No

If so please give details.....
.....
.....

5. Has the child had any admissions or A&E attendances in the last year? Yes No

If so please give the dates and reason.....
.....

6. Is the child currently taking any medication? Yes No

If so please give details.....
.....
.....

Is the child allergic to any medicines? Yes No

If so please give details.....
.....

Please bring the Red Book

Do you agree to immunise the child? Agree Refuse

Signature..... Date.....