



CHILDRENS REGISTRATION FORM

Please fill in all the sections below using **BLOCK CAPITALS**

FULL NAME:	
DATE OF BIRTH:	
HOME ADDRESS:	

ETHNIC ORIGIN:	<input type="checkbox"/> British/Mixed British	<input type="checkbox"/> Irish
	<input type="checkbox"/> Other White Background	<input type="checkbox"/> White & Black African
	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Black African
	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Other Black Background
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Asian Background
	<input type="checkbox"/> Other Mixed Background	<input type="checkbox"/> Rather Not Say
	<input type="checkbox"/> Other (Please Specify)	
RELIGION:		
SPOKEN LANGUAGE:		
DO YOU REQUIRE AN INTERPRETER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

KNOWN DISABILITIES OR HEALTH CONDITIONS:	
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NEXT OF KIN/PARENTAL RESPONSIBILITY:

NAME:	
CONTACT NUMBER:	
RELATIONSHIP TO PATIENT:	
DO YOU HAVE PARENTAL RESPONSIBILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CONTACT PREFERENCE(S):	<input type="checkbox"/> PHONE <input type="checkbox"/> SMS <input type="checkbox"/> POST <input type="checkbox"/> EMAIL <input type="checkbox"/> VIA CARER/NEXT OF KIN
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SIGNATURE OF PARENT/GUARDIAN	
DATE:	

Please make sure to also sign the purple GMS1 form attached to this registration pack

Please note that children must have at least one parent/carer registered at the practice under the same address

ACCEPTABLE FORMS OF ID

Passport Birth Certificate

FOR ALL CHILDREN UNDER 5 YEARS OLD PLEASE BRING THE CHILDS RED BOOK WITH YOU AT REGISTRATION SO WE CAN TAKE A COPY OF THEIR IMMUNISATION HISTORY

A copy of these will be taken and stored electronically with your medical record – we will only copy relevant information and once this is scanned to record it will be destroyed confidentially. If you are struggling to provide this information please speak to a member of staff at reception.

For more information regarding our confidentiality, dignity, equality or privacy policies please contact Hope Citadel Healthcare CIC via info@hopecitadel.org.uk

NEXT STEPS:

- Once you have handed this completed form into reception your child will be registered within 48 working hours
- Children under 16 do not need to have a new patient medical so can be seen by GPs right away
- It is your responsibility to keep your childrens contact details up to date to ensure that we are able to contact you when necessary – forms are available at reception to update your details at any time.
- If you would like an account to book appointments, order medications and view your childrens immunisations and allergies online please speak to our reception team to set this up. Please note that you must have an active patient access account already to become a proxy user for another patient.

FOR OFFICE USE ONLY

TAKEN IN BY		DATE	
ID SEEN/COPIED	<input type="checkbox"/> YES <input type="checkbox"/> NO	NPM DATE	
REGISTRATION DATE		EMIS NUMBER	