

GREENSIDE REGISTRATION FORM – CHILD (under 16 years)

Date Registered	Receptionist	NPHC booked
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Title: _____ Surname: _____
Previous Surname: _____
Date of Birth: _____ Forename: _____
Country of Birth: _____ Do you have a UK Passport? Yes / No
Address: _____
Post Code: _____ Home Telephone No: _____
Mobile No: _____ Work No: _____
NHS NO: _____ Email Address: _____
Your previous address: _____ Previous GP- Doctors Name and Address: _____

Ethnicity: White British [] Black British [] Black Caribbean [] Black African [] European []
Asian [] - Please state _____ Other ethnic group (please state) _____
First language: _____ Second language (if applicable): _____

If from abroad:
Date you first came to live in the UK: _____
Do you have a visa (if so please state which)
Refugee [] **Asylum Seeker** [] **Work** [] **Student** [] **Spouse** []
Valid from and to dates: _____

Immunisations: - Copies of immunisation records taken: **YES/NO** – if no please ask to bring to the surgery when you attend for New Patient Healthcheck

Do you have any pre-existing health conditions that you may need support, advice or treatment for, such as pregnancy, diabetes, heart problems, asthma etc? If yes, please detail below (if pregnant please state how many weeks):

Summary Care Records:
If none of the boxes are ticked it will be assumed that implied consent has been given

Summary Care Records:

- Do you wish to opt in for medication, allergies, adverse reactions []
- Do you wish to opt in for medication, allergies, adverse reactions and additional information (ie., medical history) []
- or opt-out []

Next of Kin in the UK: _____ Is your Next of Kin Registered Here? Yes / No

If yes Date of Birth: _____ Relationship to you: _____ Contact no: _____

If you are a carer for a relative or friend please indicate who you care for: _____

Please sign: _____ Date: _____