**The Ridgeway Surgery**

***Welcome to our surgery***

New Patient Registration form for Children under the age of 18

Child’s name

Child’s Date of Birth

Child’s Place of Birth

Child’s Birth Weight

Ethnicity

NHS number if known

Main languages spoken

Do you require an interpreter?

Which language?

Child’s current school / nursery

Emergency contact name and relationship

Emergency contact phone number

Current address

Previous address

Is your child breast fed or bottle fed or a combination of both (please circle):

Breast/Bottle/Both

If formula please tell us which brand

Does your child have any medical conditions? 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:

Vaccinations

***As part of our commitment towards improving health we expect:***

 *all children under 2 years old to be vaccinated against polio, diphtheria, tetanus, whooping cough, HIB, meningitis C, measles, mumps & rubella.*

 *all children should receive pre-school booster vaccines for polio, diphtheria, tetanus, whooping cough, measles, mumps & rubella.*

*we use and recommend the combined MMR vaccine in line with clinical evidence & government recommendations.*

 *If needed, please make an appointment with our nurse as soon as possible*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age due** | **Vaccine**  | **Date Due** | **Date Given** | **Completed** |
| Eight weeks old  | 1. DTaP/IPV/Hib/HepB
2. Men B
3. Rotavirus
 |  |  |  |
| Twelve weeks old  | 1. DTaP/IPV/Hib/HepB
2. Pneumococcal conjugate vaccine (PCV)
3. Rotavirus
 |  |  |  |
| Sixteen weeks old | 1. DTaP/IPV/Hib/HepB
2. Men B
 |  |  |  |
| One year old (on or after the child's first birthday) | 1. Hib/MenC
2. PCV booster
3. MMR
4. MenB booster
 |  |  |  |
| Three years four months old | 1. dTaP/IPV
2. MMR (check first dose given)
 |  |  |  |
| Boys and girls aged twelve to thirteen years (given by school) | 1. HPV (two doses 6-24 months apart)
 |  |  |  |
| Fourteen years old (school year 9) | 1. Td/IPV (check MMR status)
2. MenACWY
 |  |  |  |

Who lives in your household with your child?

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to child | Date of Birth |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Is your child “Looked After” by the local authority? Y/N

If so please give details of care order, parental responsibility, carers details etc..

Does your family have a social worker? Y/N

Details:

Has anyone in your family ever had an allocated social worker?

Is your child a carer? Y/N

If so, for whom?

Name of person completing this form

Relationship to the child

Signature

Date