

# 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

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

Does your child have any medical conditions? Y / N

Details:

Does your child have any additional needs? Y/N

Details:



Who lives in your household with your child?

Name	Relationship to child

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

Please send complete form to [haroccg.ridgewayrecepinfo@nhs.net](mailto:haroccg.ridgewayrecepinfo@nhs.net)