



Allerton Road Medical Centre

Under 16's Patient Registration Form

Please bring in your/your child's red book as soon as possible so we can ensure all vaccinations and immunisations are up to date.

Personal details

Title:

Surname:

First name(s):

Sex: (please tick)

- Male
- Female
- Prefer not to say

Date of birth:

Home Address:

Post Code:

Home telephone number:

Mobile telephone number:

Email:

Name and address of last GP (if you have registered before):

Birth town:

Birth country:

If you are from abroad

Date you first came to live in UK:

Communication support needs

Do you have any information and communication support needs? For example, would you like information in **Large Print or **Easy Read** format? Do you use a hearing aid or communicate in **British Sign Language**? Do you need a language interpreter?**

Please tell us your preferences:

What is your main spoken language?

My GP can share my communication needs and preferences with other health services.

- Yes
- No

Are you happy for us to contact you by text?

- Yes
- No

Name of parent or carer (and relationship to you):

Contact number:

Is the parent or carer registered at Brunswick?

- Yes
- No

Name of nurse/school:

Contact details for nursery/ school:

Name of brothers, sisters, siblings or other children living at your home.

Full name:

Date of Birth:

Full name:

Date of Birth:

Full name:

Date of Birth:

Full name:

Date of Birth

Ethnic Group

Please tick below which best describes your ethnicity:

- White British
- White Irish
- Any other white background
- Pakistani or British Pakistani
- Bangladeshi or British Bangladeshi
- Indian or British Indian
- Any other Asian background
- Mixed White & Black Caribbean
- Mixed White & Black African
- Mixed White & Asian
- Any other mixed background
- Black or Black British, Caribbean
- Black or Black British, African
- Any other Black background
- Chinese
- Any other ethnic group

Immunisations

Please state which immunisations you/your child has had and which year you/they had them (if known). Please bring your **red book** to the surgery as soon as possible.

(From eight weeks to one year old)

Diphtheria, pertussis (whooping cough), polio, hib and hepatitis B (given together)

- Yes,
- No
- Year:
- Batch:

1st booster given at 12 weeks old?

- Yes
- No

2st booster given at 16 weeks old?

- Yes
- No

Pneumococcal

- Yes,
- No
- Year:
- Batch:

1st booster given at 16 weeks old?

- Yes
- No

2nd booster given at one year old?

- Yes
- No

Meningococcal group B

- Yes,
- No
- Year:
- Batch:

1st booster given at 16 weeks old?

- Yes
- No

2nd booster given at one year old?

- Yes
- No

Rotavirus

- Yes,
- No
- Year:
- Batch:

Booster given at 12 weeks old?

- Yes
- No

(At one year old)

Hib and MenC

- Yes,
- No
- Year:
- Batch:

Measles, mumps and rubella (MMR)

- Yes,
- No
- Year:
- Batch:

Booster given at 3 years four months old?

- Yes
- No

(Two to eight years old)

Influenza annually?

- Yes
- No

(Three years and four months old)

Diphtheria, tetanus, pertussis and polio

- Yes
- No
- Year:
- Batch:

(Girls aged 12-13 years old)

HPV (for cervical cancer caused by human papillomavirus)

- Yes
- No
- Year:
- Batch:

Booster after six to 12 months?

- Yes
- No

(Fourteen years old)

Tetanus, diphtheria and polio

- Yes
- No
- Year:
- Batch:

Meningitis groups A, C, W and Y?

- Yes
- No
- Year:
- Batch:

Medical history

Please list any allergies you have to any drugs/medication and the reaction you had:

Have you ever suffered from any important medical illness, had a major operation or have been admitted to hospital? If so please enter the details below:

Condition:

Year diagnosed:

Is it ongoing?

- Yes
- No

Condition:

Year diagnosed:

Is it ongoing?

- Yes
- No

Condition:

Year diagnosed:

Is it ongoing?

- Yes
- No

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the options that apply.

- Any of my organs and tissue or
- Kidneys
- Heart
- Liver
- Corneas
- Lungs
- Pancreas
- Any part of my body

Signature confirming my agreement to organ/tissue donation

Date:

For more information, please ask at reception for an information leaflet or visit the website

www.uktransplant.org.uk, or call 0300 123 23 23.

Summary Care Record

If you have a Summary Care Record your health care providers can view information about your medical needs when you're admitted to hospital, when treating you in an emergency, or when your practice is closed. The information they can see is your:

- current medication
- bad reactions to medicines
- allergies

I want to have a Summary Care Record.

- Yes
- No

Signature of Patient

Signature on behalf of Patient

Date: