

NEW PATIENT FORM FOR CHILDREN UNDER 16 **DATE:**

Surname:	Date of Birth:
First name:	NHS number if known:
Address: Post Code:	Telephone No:
NEXT OF KIN Name: Address:	Relationship to child: Telephone number:
School:	
Ethnic Origin:	
Please list any medications taken (<i>Please note that if you require any medication prescribed on a repeat basis you will need to make a routine appointment for a medication review with one of our doctors/nurse before this can be arranged</i>)	
Please list any allergies:	

It is very important that we have details of vaccinations and immunisations already performed. This information is available in your child's health record (red book) so please ensure you bring this book with you so we can check if any vaccinations are outstanding or due. If your child was vaccinated abroad, please bring all childhood vaccinations records.

Please complete if known:	Height	Weight
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