

## Welcome to the Belmont Health Centre (Children 0-15 years)

Thank you for completing this questionnaire. All information you give is confidential and will be held on your medical records. Please could you:

Complete **both sides** of this form, writing clearly and in **BLOCK CAPITALS**

Provide a specimen of urine

Surname																														
Forename																														
Address																														
Date of birth																														
Email address																														
We may occasionally communicate with you by SMS or email. We will not pass your email address or phone number to any non-NHS organisation. Tick here if you do <b>NOT</b> wish to be contacted by email or SMS. <input type="checkbox"/>																														
<b>Who should we contact in an emergency?</b>																														
Name of Mother/Carer																														
Relationship (if a carer)																														
Telephone number	Home																			Mobile										

### Ethnicity

What is your country of birth? \_\_\_\_\_ What is your first language? \_\_\_\_\_

Do you require an interpreter (including BSL)?  Yes  No

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White British            | <input type="checkbox"/> Black other – Asian      | <input type="checkbox"/> Chinese                                |
| <input type="checkbox"/> Other White ethnic group | <input type="checkbox"/> Other Black ethnic group | <input type="checkbox"/> Vietnamese                             |
| <input type="checkbox"/> Black British            | <input type="checkbox"/> Indian                   | <input type="checkbox"/> Other Asian ethnic group               |
| <input type="checkbox"/> Black Caribbean          | <input type="checkbox"/> Pakistani                | <input type="checkbox"/> I do not wish to state my ethnic group |
| <input type="checkbox"/> Black African            | <input type="checkbox"/> Bangladeshi              | <input type="checkbox"/> Other ethnic group (please state):     |

Please tick the box (one only) which best describes your ethnic origin:

### Religion

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Buddhism          | <input type="checkbox"/> Hindunism | <input type="checkbox"/> Christianity            |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Islam     | <input type="checkbox"/> Judaism/Jewish          |
| <input type="checkbox"/> Sikhism           | <input type="checkbox"/> None      | <input type="checkbox"/> I do not wish to answer |

### Additional Information

Is this child under any social care order? Yes / No

Is this child in the 'looked after' child list? Yes / No

Is there any history of fits / epilepsy or TB? Yes / No

If yes, please give details

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Please list any serious illnesses, accidents, operations or disabilities

(Please state hospital and year)

.....

.....

.....

## IMMUNISATIONS

### REQUIRED DOCUMENTATION

- RED BOOK
- ROUTINE CHILDHOOD IMMUNISATION & NON-ROUTINE IMMUNISATION / VACCINATION HISTORY

**Drugs and Medications** If the child require any medication, you must make an appointment with a Doctor for this to be issued. Please bring any repeat medication slip or attach the child's last prescription.

## THANK YOU FOR YOUR TIME AND YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

*Issuing of the registration documents does not guarantee registration with this Practice*

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### For office use only

Proof of ID seen:  Yes  No

Red book seen / Imms history provided

Imms pages copied

Red book not seen / Imms history to be advised

Patient will bring in

Parents / Carer registered with our practice?  Yes  No

Checked by / Date .....