EAST CROYDON MEDICAL CENTRE

PATIENT REGISTRATION FOR CHILD UNDER 18 YEARS	
PLEASE WRITE IN BLOCK CAPITALS	
Surname:	**D.O.B.:**
First Names:	**NHS No:**
Address: **Post Code:**	
Place and Country of Birth:	**Home telephone No:**
Name of Primary Carer:	

Other Household Members:

Surname	**First Name**	**Relationship**
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

1st Language:	**Interpreter Needed:** YES / NO
School:	**Religion:**
Immunisation History:	
Copy of Immunisations Record Provided: YES / NO	

MEDICAL HISTORY
Has your child ever had the following

Diabetes	**YES**	▫	**NO**	▫
Asthma	**YES**	▫	**NO**	▫
Learning Difficulties	**YES**	▫	**NO**	▫
Speech Problems	**YES**	▫	**NO**	▫
Bedwetting/soiling	**YES**	▫	**NO**	▫
Disability	**YES**	▫	**NO**	▫
Emotional/Behavioural Problems	**YES**	▫	**NO**	▫

If YES, please give details below:

……..

……..

Please list below, with approximate dates, any other illness including operations and hospital admissions:

…… ……..

…… ……..

Please list any medications your child is currently taking:

Please list any allergies:

Is there any family history of:

Heart problems	**YES**	▫	**NO**	▫
Asthma	**YES**	▫	**NO**	▫
Stroke	**YES**	▫	**NO**	▫
Diabetes	**YES**	▫	**NO**	▫
Depression	**YES**	▫	**NO**	▫
Mental Health problems	**YES**	▫	**NO**	▫
Disability	**YES**	▫	**NO**	▫
Drug/Alcohol abuse	**YES**	▫	**NO**	▫

If YES to any of the above, please give details and relationship:

……

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Has your child ever been referred to any of the following:

Social Services	**YES**	▫	**NO**	▫
Psychologist/psychiatrist	**YES**	▫	**NO**	▫
Speech therapist	**YES**	▫	**NO**	▫

If YES to any of the above, please give details, including dates:

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We have been asked by the Trust to collect ethnicity data to help them monitor the health of different ethnic groups in Croydon. Please can you tick an appropriate box. Thank you.

CODE NO		
9S10.	White British	
9S11.	White Irish	
9S12.	Other white ethnic group	
	BLACK OR BLACK BRITISH	
9S2..	Black Caribbean	
9S3..	Black African	
9SG..	Other black ethnic group	
	ASIAN OR ASIAN BRITISH	
9S6..	Indian	
9S7..	Pakistani	
9S8..	Bangladeshi	
9SH..	Other Asian ethnic group	

CODE NO	OTHER ETHNIC GROUPS	
9S9..	Chinese	
9SJ..	Other ethnic group	
	MIXED	
9SB5.	White and Black Caribbean	
9SB6.	White and Black African	
9SB2.	Other ethnic, Asian/White origin	
9SB4.	Other ethnic, other mixed origin	
9SD..	**ETHNIC GROUP NOT GIVEN**	

OFFICE USE ONLY

Date of application: …….. Registering with Dr……

Doctor Appointment: Dr/Date: …….. Nurse Appointment: Nurse/Date: ……..

Receptionist: …… New Patient Admin: …… Clinical Review: ……..

Summarising: ……..