

Surgery Details : Thorpe Bay Surgery	Date Form Completed :
99 Tyrone Road	
Southend on Sea	NHS No. (if known) :
SS1 3HD	
01702 582670	
F81121	

Details of Child Being Registered :

Surname :	Forename(s) :
Date of Birth :	Sex :
Current Address :	Contact Details :
	Home Tel. No. :
Post Code :	Mobile Tel. No. :
First Language Spoken :	Religion :
Ethnic Origin :	Place of Birth :
Name of School/Nursery :	Has the child been known by any other name : Yes/No (please circle) and, if Yes, give details below :
Name and Address of Previous GP :	Previous Address if from Abroad :
	Date first came to UK :

## Details of Child's Main Carer :

Surname :	First Name :
Current address (if different to child's) :	Contact details (if different to above ) :
What is your relationship to the child i.e. Mother, Father, etc.? (Please specify) :	Consent received to be contacted by text message : Yes/No (Please circle)

## Does the Child Have Contact with the Father? Yes/No (Please circle). If Yes, please give details in box below.

Surname :	Forename :
Current Address (if different to child's) :	Contact Details (if different to child's) :



Child's Surname :	Child's Forename :			
Any other significant carers involved in the upbringing o				
Grandparent or Foster Carer)? If Yes please give details	:			
Are any other services known or involved with the famil	y or young person (e.g. Social Care, CAMHS)? If Yes			
please give details :				
Does the child have any disabilities or distinguishing fea	tures? YES / NO (Please circle) If yes, please give			
details :				
Please state any significant medical history :				
Is the patient on any repeat medication? YES / NO (Please circle). If yes, please give details :				
Does the child suffer from any allergies? YES / NO (Please circle). If yes, please give details :				
Is there any significant medical family history, e.g. Asthma/Heart conditions? YES / NO (Please circle). If yes,				
please give details :				
Is the child/young person a smoker? YES / NO (Please circle)	Does the child/young person consume alcohol? YES / NO (Please circle)			
TES / NO (Please Ulicle)	TES/ NO (Please circle)			

HOUSEHOLD COMPOSITION :								
Please list all persons (adults and children) who live at the address with this child								
	Forename	DoB	Occupation /	<b>Relationship to</b>	Registered at			
Surname			School /	child, e.g.	GP Surgery?			
			Nursery	sibling/aunt etc.	Please state Y/N			