

GROVELANDS & GRENOBLE MEDICAL CENTRE

1 Grovelands Road
Palmer's Green, London. N13 4RJ
Tel: 0208 882 4556 Fax: 0208 882 8810
Website: <http://www.gpdoctor.co.uk/>
Email: gpdoctor@nhs.net

Site 2
7 Natal Road
New Southgate. N11 2HU
Tel: 0208 881 6848 Fax: 0208 881 6811

Site 3
1 Grenoble Gardens,
Palmer's Green. N13 6JE
Tel: 020 8889 5423 Fax: 020 8881 4656

NEW CHILD REGISTRATION QUESTIONNAIRE (0 – 16yrs)

Please complete as fully as possible as this information is used to improve your care.

All information is kept strictly confidential.

CHILD'S DETAILS

*Title Mr Miss

*Surname: _____ Forename(s): _____

*Date of Birth: _____ Male Female

PARENT / GUARDIAN DETAILS

*Name: _____ *Relationship to Child _____

*Address: _____

*Post Code: _____ *Email Address: _____

*Telephone Number: _____ *Mobile Number: _____

***CONSENT**

Do you want your child's medical record uploaded? Yes I GIVE MY CONSENT NO I DO NOT GIVE MY CONSENT
(Summary Care Record – collect leaflet from the reception for further information) (If NO please complete the OPT-OUT FORM)

Do you want your child's medical record extracted? Yes I GIVE MY CONSENT NO I DO NOT GIVE MY CONSENT
(Care.data – collect leaflet from the reception for further information) (If NO please alert the reception staff)

All registered patients at Grovelands and Grenoble MC have a named, accountable GP who is responsible for patients' overall care at the practice. You will be allocated with a Named GP. If you wish to know your allocated GP is please contact the practice after your registration.

Yes I have read the above and understand, if I have any questions I will contact the practice on behalf of my child/ward.

***ONLINE ACCESS TO MEDICAL RECORD**

If you wish to have access to your child's medical record online –you can either download & install NHS App from the AppStore and GooglePlay Or speak to reception staff for more information.

*** CHILD PROTECTION**

Which school does your child attend? _____

Has your child ever been on the child protection register? Yes No

***CHILD'S ETHNICITY**

<input type="checkbox"/>	White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Turkish
<input type="checkbox"/>	White Other	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Greek
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	India	<input type="checkbox"/>	Romanian
<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Group
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Information Refused
<input type="checkbox"/>	Mixed other	<input type="checkbox"/>	Asian Other		

***CHILD'S FIRST LANGUAGE**

Albanian Africana Arabic Bengali

mandatory field please

- | | | | |
|------------------------------------|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Oromo | <input type="checkbox"/> Somalia |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Igbo | <input type="checkbox"/> Panjabi | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> English | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> French | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> German | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Romanian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Yoruba | <input type="checkbox"/> Other (please specify) _____ | |

***CHILD'S ALLERGIE(S)**

Does your child have any allergies?

Pollen (hay fever) Medicine e.g. penicillin Nuts Dairy Other

If you tick any of the above please give details: _____

***YOUR CHILD'S MEDICAL HISTORY:**

Does your child suffer from any medical condition, please complete the table below

Medical condition	Yes/No	First Diagnosed	Medication

***CHILD'S FAMILY HISTORY:**

Is there any family history of the following medical conditions?

Medical condition	Yes/No	First Diagnosed	More information (family member)
Stroke			
Angina			
Heart Attack			
Diabetes			
High Blood Pressure			
Cancer			
Asthma			

***IMMUNISATIONS**

School Booster (Around 13 year)
 MMR
 HPV (female only)

***PLEASE BRING YOUR CHILD'S RED BOOK WITH THIS FORM**

Diphtheria, Tetanus & Polio
 BCG
 Other, please state: _____

I _____ (name) of _____ (address)
 Father / Mother

confirm that all information given is correct and completed to the best of my ability.

 Signature

 Date

mandatory field please