NEW PATIENT QUESTIONNAIRE FOR CHILDREN <18

Child's full name:					
Child's date of birth:			Child's place of birth:		
Mother's name:			Father's name:		
Ethnicity:		Main languages spoken:			
Child's current address:		Child's previous address:			
Contact telephone numbers:		Who lives in your household with the child?			
Thome					
The second secon			Name/s:	Relationship to child:	
 Work Emergency contact 					
Do you consent to receiving text messa reminders? YES/NO		age			
Details of person (s) with Parental Responsibility for the child:		Child's current school/r	nursery:		
Gender Identity	Which of the following best describes how the child thinks of themselves:				
	 Male (including Trans Male) Female (including Trans Female), Prefer not to say In another way 				
	Is the Child's gender identity the same as the gender they were assigned at birth (please tick one option)				
	Yes 🗌] No 🗌 Pre	efer not to say		
We ask these questions on gender identity to help us understand how					
				you wish to discuss this further:	
			If yes, please provide d	etails:	
NEW BABIES ONLY: Has the child had		YES/NO/N/A			
their 6-8 week baby check?					
Does the child have any medical		YES/NO			
conditions?					
Does the child have any additional needs?		YES/NO			
Do you consider the child to have a		YES/NO			
disability?		, -			
Does the child take any regular		YES/NO			
medicines?					
Does the child have any allergies?		YES/NO			

Is the child up to date with childhood vaccinations? (Please note, if anyone other than Mother or Father brings the child for childhood vaccinations a consent form needs to be completed at	YES/NO	Please list vaccinations received and date:
reception)		
		Please provide details:
Is the child you are registering "looked after" by the local authority or subject to a Child Protection Plan? (If so, please give details of care order, parental responsibility, carers details etc)	YES/NO	
Does the child/your family have a social worker?	YES/NO	
Is your child a carer for you or someone else?	YES/NO	
For more support check out: <u>http://wv</u>	ww.bolton.gov.	uk/website/pages/Youngcarers.aspx
Is there anything else you think the practice needs to be aware of?	YES/NO	

Name of the person completing this form			
Deletionship to the shild			
Relationship to the child			
Signature			
For Practice use:			
0-19 Service informed of new child Y/N			
registration Dat		otification sent:	
•		by Practice:	