**Logo, company name

Description automatically generated Drs Cook, Teff, Embling & Cuff**

The Surgery, Bissoe Road, Carnon Downs, Truro, TR3 6JD - Telephone: 01872 863221

**CHILD REGISTRATION QUESTIONNAIRE**

This questionnaire will be placed in your medical records and will remain confidential. **PLEASE BRING A FORM OF PHOTO I.D. WITH THESE FORMS -** (e.g. Passport or Driving Licence)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | **Forenames:** | |  | |
| Date of Birth: |  | | | | | |
| Home Address:  Postcode |  | | | | | |
| Home Number: |  | | | | | |
| Mobile Number: |  | Do we have permission to send you text reminders? | | | | Y / N |
| Email: |  | Do we have permission to contact you via email? | | | | Y / N |
| Mothers Name: |  | Contact number: | |  | | |
| Fathers Name: |  | Contact number: | |  | | |
| Do you have any special communication needs? | | Y / N *(give details)* | |  | | |
| Previous GP and  Surgery address |  | | | | | |

**PLEASE COMPLETE THESE QUESTIONS GIVING BRIEF DETAILS IF YOUR ANSWER IS YES**

|  |
| --- |
| Are you receiving any medicines, tablets or creams on a prescription? If so please list below |
|  |
| Do you have any allergies? If so please list below |
|  |
| Are you currently under the care of a hospital specialist or awaiting admission to hospital? Give details |
|  |
| Do you have any health or long-term conditions: If so please list below |
|  |

**ETHNICITY**

The Department of Health are collecting this information to help the NHS and Social Services to understand the needs of patients and service users from different groups, identify risk factors, improve public health and comply with the law. The 16 ethnic groups used are standard categories and allow most people to identify themselves. If you need to complete the box labelled 'Other ethnic background', please give details so that we can better understand your needs. If you do not wish to provide this, please tick the 'Information refused' box at the end of the list. Please tick the description which you feel is most appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White - British |  | Asian or Asian British - Bangladeshi |  | Other mixed background |  |
| White - Irish |  | Other Asian background |  | Asian or Asian British- Indian |  |
| Other - White background |  | Black or Black British - Caribbean |  | Asian or Asian British - Pakistani |  |
| Mixed - White and Black Caribbean |  | Black or Black British - African |  | Other mixed background |  |
| Mixed - White and Black African |  | Other Black background |  | Asian or Asian British- Indian |  |
| Mixed - White and Asian |  | Chinese |  | INFORMATION REFUSED |  |

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***Immunisation History***

***NHS England – ‘Vaccination is the most important thing we can do to protect ourselves and our children against ill health. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.’***

Please complete the immunisation history template below which will allow us to update your child’s record. **Alternatively**, you could provide us with photocopies of their red book to transfer onto their electronic record. If you are unable to do this, please include a vaccination record from your child’s previous surgery. Please find a copy of the current UK immunisation scheduled on the second page for details of individual viruses covered.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date (1) | Date (2) | Date (3) | Date | Date | Date |
| Diptheria |  |  |  |  |  |  |
| Tetanus |  |  |  |  |  |  |
| Pertussis |  |  |  |  |  |  |
| Polio |  |  |  |  |  |  |
| Hib |  |  |  |  |  |  |
| HepB |  |  |  |  |  |  |
| Prevenar |  |  |  |  |  |  |
| Rotavirus |  |  |  |  |  |  |
| MMR |  |  |  |  |  |  |
| MenB |  |  |  |  |  |  |
| MenACWY |  |  |  |  |  |  |
| MenC |  |  |  |  |  |  |
| HPV |  |  |  |  |  |  |
| BCG |  |  |  |  |  |  |

Please detail any additional vaccinations -

|  |  |  |  |
| --- | --- | --- | --- |
| Other…. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please tick this box if you have **declined** vaccinations for your child ⃣

*If you have ticked this box, please be advised that your child will be able to receive their vaccinations if you change your mind, for which we will be able to organise a vaccination schedule. Please book a telephone consultation with the nurse if you would like to discuss this further.*

**Please see overleaf for CHILD IMMUNISATION SCHEDULE**

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