

BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

ADDITIONAL INFORMATION FOR CHILDREN

Please complete the following details about your family and leave this information at reception. Information will be shared with the Health Visitor (for pre-school children) or the School Nursing service (if school age).

Details of Child

Name

Date of Birth

Protection Plan / Foster Care Information

Is this child subject to a child protection plan? Yes No

Is this child in:

Foster care

Private foster care

None of the above

Parents / Guardians Details

Mother Foster Parent Guardian

First name

Last name

Contact Number

Father Foster Parent Guardian

First Name

Last Name

Contact Number

Household members

Please list all the other adults and children living in the same household as the child

Mother / Foster Parent / Guardian as above

Father / Foster Parent / Guardian as above

Other household members

First Name	Last Name	Age	Relationship to Child

Child's School

Name of School or
Nursery

Previous School or
Nursery