

- ▶ The information provided by you will be kept in the strictest confidence.
- ▶ Please bring this form and you child's RED BOOK to your first appointment.

# Under 16's Registration Form

## ABOUT YOUR CHILD

✔ CHILD'S NAME

.....

✔ ADDRESS

.....

.....

✔ POSTCODE

.....

✔ EMAIL

.....

✔ PARENT/GUARDIAN'S NAME

.....

✔ AGE

.....

✔ SEX

M  F

✔ PREFERRED PHONE NO

✔ ALTERNATIVE PHONE NO

✔ SIBLINGS

.....

## ABOUT YOUR CHILD'S HEALTH

✔ WHY ARE YOU COMING TO SEE ME?

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✔ ANY OTHER HEALTH PROBLEMS?

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✔ ALLERGIES AND SENSITIVITIES

.....

.....

✔ INFECTIOUS OR RECURRENT CHILDHOOD ILLNESSES

Chickenpox  Measles  Rubella  Whooping cough  Tonsillitis  Ear infections  High fevers  Bronchitis  Glandular Fever

## ABOUT YOUR CHILD'S OTHER HEALTHCARE PROVIDERS

✔ YOUR CHILD'S GP

Name

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Practice

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✔ SPECIALIST CONSULTANTS (eg cardiologist, oncologist etc.)

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✔ ALTERNATIVE PRACTITIONERS (eg Cranial Osteopaths)

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