|  |
| --- |
| **Proof of ID****OFFICE USE ONLY****Birth Certificate** **[ ]** **If No Birth Certificate:****[ ]** **Letter from Child benefit office stating parents details****[ ]** **Court Order Stating Parental responsibility****[ ]** **Email to : redbridgeccg.newpatientsregistration@nhs.net** |

**New Patient Health Questionnaire Under 16**

**Name of the Child:**

**Date of Birth of the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person registering the baby:**

Parent [ ]  Carer [ ]  Court Appointed Foster Carer [ ]  or Private Foster Carer [ ]  Other Specify

|  |  |
| --- | --- |
| **MOTHER’S DETAILS****Date of Birth:****Surname****Forename****Address****Telephone Number Home:** **Mobile:** | **FATHER’S DETAILS****Date of Birth:****Surname****Forename****Address****Telephone Number Home:** **Mobile:** |

|  |  |
| --- | --- |
| **School Details****Name of the School:****Address:****Telephone number:****Fax number:** | **Previous School details****Name of the School:****Address:****Telephone number:****Fax number:** |

|  |  |
| --- | --- |
| **Previous GP Details****Name of the GP:****Address:****Telephone Number:** | **Housing****Owned:****[ ]** **Rented:** **[ ]** **Social Services:****[ ]** **Temporary Accommodation:****[ ]** **Any Other :** |

Is this child known to social services? YES [ ]  or NO [ ]

Is there a court order in place? YES [ ]  or NO [ ]

Is the child subject to a child protection plan? YES [ ]  or NO [ ]

**Previous Medical History:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Repeat Medication:~\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**