|  |
| --- |
| **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:~\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**