

# Dunelm Medical Practice



## New Patient Registration form for Children under 18

Child's name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Place of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_

Main languages spoken \_\_\_\_\_

Child's current school / nursery \_\_\_\_\_

Current address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions? Y / N

Details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any additional needs? Y/N

Details: \_\_\_\_\_

\_\_\_\_\_

Does your child take any regular medicines? Y/N

Details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Y/N

Details: \_\_\_\_\_

\_\_\_\_\_

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Specific Needs:			
Please detail below any specific needs that your Child has have so the Practice can ensure they are identified and accommodated by taking the appropriate action:			
<b>Please indicate if your child USES any of the following:</b>	Legal advocate [ ]	Citizen advocate [ ]	Hearing Aid [ ]
Sign Language [ ]	British sign language [ ]	Makaton [ ]	Lip reading [ ]
Manual note taker [ ]	Electronic note taker [ ]	Speech to text reporter [ ]	Cued speech transliterator [ ]
Lip speaker [ ]	Textphone [ ]	Deafblind intervener [ ]	Personal Communication Passport [ ]
<b>Please indicate if your child REQUIRES any of the following:</b>	BSL Interpreter [ ]	Makaton Interpreter [ ]	Advocate [ ]
Deafblind communicator guide [ ]	Sign Supported English interpreter [ ]	Deafblind manual alphabet interpreter [ ]	Deafblind block interpreter [ ]
Deafblind haptic communication [ ]	Manual note taker [ ]	Lipspeaker [ ]	Visual frame sign language interpreter [ ]
Hands-on signing interpreter [ ]	Speech to text reporter [ ]		
<b>Please indicate if your child requires INFORMATION in any of the following formats:</b>	Verbally [ ]	Digital Versatile Disc [ ]	Compact Disc [ ]
Audi cassette tape [ ]	Easyread [ ]	E-mail [ ]	Electronic audio format [ ]
Moon alphabet [ ]	Makaton [ ]	Contracted (Grade 2) Braille [ ]	Uncontracted (Grade 1) Braille [ ]
At least 20 point sans serif font [ ] 24 point [ ] 28 point [ ]	USB mass storage device [ ]	Electronic downloadable format [ ]	

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<b>Please indicate if your child needs to be CONTACTED in any of the following formats:</b>	<b>Telephone [ ]</b>		<b>Text relay [ ]</b>	<b>SMS text [ ]</b>
<b>Letter [ ]</b>	<b>E-mail [ ]</b>		<b>Audible alert [ ]</b>	<b>Visual alert [ ]</b> <b>Tactile alert [ ]</b>
<b>Please state any Sensory Impairment your child has (i.e. Speech, Hearing, Sight):</b>				
<b>Is your child an 'Assistance Dog' User?</b>				
<b>Please state any Physical disabilities your child has:</b>				
<b>Please state any Mental disabilities your child has:</b>				
<b>Please state any requirements your child has to be able to access the Practice premises</b>				
<b>Please state any Religious or Cultural needs:</b>				
<b>Does your child require the help of a Translator ?</b>	<b>Y/N</b>	<b>If Yes, please specify:</b>		
<b>Please state any specific nutritional requirements your child has:</b>				
<b>Please state any phobias your child has:</b>				

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Vaccinations (if known)

Name of Vaccine	Date Given

Who lives in your household with your child?

Name	Relationship to child

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Is your child "Looked After" by the local authority? Y/N

If so please give details of care order, parental responsibility, carers details etc..

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Does your family have a social worker? Y/N

Details: \_\_\_\_\_

Is your child a carer? Y/N

If so, for whom? \_\_\_\_\_

For more support check out: [www.dccarers.org](http://www.dccarers.org)

Name of person completing this form \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_