



**Confidential New Patient Registration Questionnaire**

**Children's Questionnaire**  
**(16 Years & Under)**

**PATIENT DETAILS:**

Surname:..... First Name(s).....

Date of Birth:..... Sex: Male/Female

Home Address:.....

Telephone Number(s):.....

Consent to receive text messages via mobile re child: YES/NO

NHS Number:.....

Previous GP: ..... Practice Name:.....

Previous Practice Address:.....

Town and Country of Birth:.....

Emergency Contact Name and Number:.....

Parent(s)/Carer Name.....

School/Nursery Name.....

School/Nursery Address.....

Due to Child Protection guidelines, children will not be registered without a parent/guardian also being registered at the practice. A birth certificate will be asked for to confirm who has parental responsibility for a child.

Please confirm name/s of person/s with parental responsibility for registering child:

.....

Do you consent for another adult (grandparent, au pair) to seek medical advice/treatment for your child:  
Yes/No

If yes, please provide names of persons to whom this consent applies and relationship to child:

.....

**Wentworth**  
**Medical Practice**

---

Lifestyle

Height..... Weight.....

Child's Medical History

**Has your child had any of the following vaccinations (please state a date when applicable):**

MMR Date: \_\_\_\_\_  
MMR Booster Date: \_\_\_\_\_  
Rubella Date: \_\_\_\_\_  
Whooping Cough Date: \_\_\_\_\_

**Has your child had any of the following illnesses (please circle):**

Measles Mumps      German Measles      Whooping Cough  
Asthma      Fits      Chickenpox

**Has your child had any hospital admissions for serious illnesses or accidents? Yes / No  
Please provide details.**

.....

Is there a history of fits/epilepsy in child's parents/brothers/sisters?

.....

**Signature of parent/guardian:.....**

**Please print name:..... Date:.....**

---

**WE REQUIRE AN UP TO DATE IMMUNISATION HISTORY OF**

**CHILDREN UP TO THE AGE OF 6 UPON REGISTRATION**

**Wentworth Medical Practice, 38 Wentworth Avenue, Finchley, London, N3 1YL  
Tel: 020 8346 1242 Fax: 020 8343 3614**

**Wentworth**

**Medical Practice**

**Please bring your red book to the surgery**