**NEW PATIENT REGISTRATION FORM**

The information provided will be held in the STRICTEST CONFIDENCE by MINDOF and is protected under the Data Protection Act, and within the security of your child’s medical file.

**Your Child’s Details** (Please complete in BLOCK CAPITALS)

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename(s):** |  | **Date of birth:** |  |
| **Surname:** |  | **Gender:** |  |
| **Telephone number:** |  | **Mobile:** |  |
| **Home address:** |  | | |
| **Address whilst in UK:**  *(if non-UK resident)* |  | | |

**Parent(s) or Guardian(s) Details\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name:** |  | **Relationship:** |  |
| **Address:** |  | **Telephone:** |  |
| **Mobile:** |  |
| **E-mail:** |  | | |
| **Name and status of any other person/s authorised to accompany your child to an appointment:** | |  | |
| Please tick this box if you **DO NOT** want your child’s medical results communicated via e-mail. | | | |
|  | | | |

**Medical Information**

|  |  |
| --- | --- |
| **Child’s allergies:** |  |
| **Child’s current medication:** |  |

**GP Practise Details**

|  |  |
| --- | --- |
| **Regular GP/doctor name:** |  |
| **Name of the practice:** |  |
| **Address:** |  |
| **Email:** |  |

Please tick this box if you **DO NOT** consent for MINDOF to share medical information with your child’s GP.

**School Details**

|  |  |
| --- | --- |
| **Teacher/contact name:** |  |
| **Name of the school:** |  |
| **Address:** |  |
| **Email:** |  |

**Declaration**

The above information is true to the best of my knowledge and I understand that I am financially responsible for my child’s account.

Parent/guardian signature: ............................................................... Date: ..........................................

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID verification carried out by:** |  | **Date of registration:** | \_ \_ / \_ \_ / \_ \_ \_ \_ |
| **Child’s identity provided:** | Passport / Birth certificate (please circle) | | |
| **Proof of parental identity provided:** | Driving Licence / Passport / National I.D. Card / Other (parent/guardian - please circle) | | |
| **If other, please specify:** |  | **Address verified:** |  |