

▶ The information provided by you will be kept in the strictest confidence.  
▶ Please bring this completed form to your first appointment.

# Under 16's Registration Form

## ABOUT YOUR CHILD

▼ CHILD'S NAME

▼ ADDRESS

.....

.....

▼ POSTCODE

▼ EMAIL

▼ PARENT/GUARDIAN'S NAME

.....

▼ AGE

▼ SEX

M  F

▼ DATE OF BIRTH

▼ PREFERRED PHONE NO

▼ ALTERNATIVE PHONE NO

▼ SIBLINGS

.....

.....

## ABOUT YOUR CHILD'S HEALTH

▼ WHY ARE YOU COMING TO SEE ME?

.....

.....

▼ ANY OTHER HEALTH PROBLEMS?

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▼ ALLERGIES AND SENSITIVITIES

.....

.....

▼ INFECTIOUS OR RECURRENT CHILDHOOD ILLNESSES

Chickenpox  Measles  Rubella  Whooping cough  Tonsillitis  Ear infections  High fevers  Bronchitis  Glandular Fever

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▼ WHAT MEDICATIONS IS YOUR CHILD TAKING?

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.....

▼ VACCINATION HISTORY

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## ABOUT YOUR CHILD'S OTHER HEALTHCARE PROVIDERS

▼ YOUR CHILD'S GP

Name

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Practice

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▼ SPECIALIST CONSULTANTS (eg cardiologist, oncologist etc.)

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▼ ALTERNATIVE PRACTITIONERS (eg Osteopaths)

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