

St Peter's Medical Centre
Registration of Children under the age of 6



Please note that children aged 13 and under may only register as patient with either a parent or guardian. We do not accept registrations of children under the age of 13 without an adult parent or guardian.

Page 1	Today's date:	Date of Birth:
	Forenames:	Surnames:
	Address:	Postcode:
	Parent/Guardian name:	Relationship:
	Next of Kin:	Relationship:
	Home Tel No:	Mobile Tel No:
	Email address:	
	I give consent to receive SMS text notifications for clinical services. <i>(please tick)</i> Yes [] No []	I give consent to receive email notifications for clinical services. <i>(please tick)</i> Yes [] No []
	I give consent to receive SMS text notifications for events & services available. <i>(please tick)</i> Yes [] No []	I give consent to receive email notifications for events & services available. <i>(please tick)</i> Yes [] No []
	I give consent to forward guardian / parents details to the Harrow Health Visiting nursing team. <i>(please tick)</i> Yes [] No []	I give consent to receive email notifications for events & services available. <i>(please tick)</i> Yes [] No []
Name of school / Nursery:		
Please add any medical Condition:		
<p>NB: Please ensure you present your child's red-book, to our reception team for duplication. This is to ensure we have access to your child's full immunizations and vaccination details.</p>		



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Patient Profiling Questions

Section A. Communication and Language Support

- Do you need support with Spoken English?
 Yes No Interpreter needed (including BSL)
 Please state which language?
- Do you need support with written English?
 Yes No Large Print
 Translated Materials, please state which languages:
- Is English your first Language?
 Yes No (please state your first language:

Section B. Communication and language support

4. Which religion do you follow or practice
 Buddhism Christianity Islam Hinduism Judaism
 Jehovah's Witness Sikhism any other religion, please state:

I do not wish to answer

To which of these ethnic groups do you feel you belong?

White

- British
 Irish
 English
 Welsh
 Scottish
 Polish
 Any other White Background
 Please write in:

Black or Black British

- Black Caribbean
 Black African
 Black British
 Any other Black background,
 Please write in:

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Black & Asian
 Black & Chinese
 Chinese & White
 Any other Mixed Background

I do not wish to answer

Chinese or other ethnic Group

- Chinese
 Vietnamese
 Japanese
 Filipino
 Latin American
 Arab
 North African
 Iranian
 Kurdish
 Moroccan
 any other, please write in:

Asian or Asian British or Mixed

- Indian/British Indian
 Pakistan/British Pakistan
 Bangladesh/British Bangladesh
 East African Asian
 Sri Lankan
 Tamil
 Any other Asian Background

Further office administration

If the new patient is under the age of 5 and previously lived outside of Harrow Primary Care, please forward parent / guardian details to the Harrow Health Visiting team.

Notes	Actioned (please circle)
Parents contact details have been forwarded to health visitor of any registered child of 5 years and under, following consent.	Yes No
NB: health visitors contact details can be found on the 'Organisational Notepad within emis's home-screen. Patients details are to be forwarded by email, from the generic email address.	

Parent / Guardian name:	
Parent / Guardian signature:	
Today's date:	