

# PAVILION SURGERY

2-3 Old Steine,  
Brighton,  
BN1 1EJ

<https://www.pavilionsurgery.co.uk/>

tel: 01273 685 588

FOR RECEPTION USE ONLY

EMIS NUMBER:

REGISTERED GP:

PHOTO ID  
VERIFIED:

PROOF OF  
ADDRESS:

## CHILDRENS REGISTRATION FORM- UNDER 16s

<b>Title:</b> ( Mr, Miss, Mrs, Ms,)	
<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>NHS number:</b>	
<b>Address &amp; Postcode:</b>	
<b>Mobile number:</b>	
<b>Home telephone:</b>	
<b>Main Carers:</b>	

Supplying this information gives consent for us to contact you where medically necessary

**Please confirm we have your permission to telephone, text or email you regarding your direct care (please circle):**

YES

NO

<p><b>Sex assigned at birth:</b></p> <p><i>We ask for assigned sex to help us screen for sex- specific diseases such as cervical/prostate cancer</i></p>	<p>Male/ Female /Prefer not to say</p>
<p><b>Height</b></p>	
<p><b>Weight</b></p>	
<p><b>Allergies/side effects:</b></p> <p><i>(Such as allergic reactions to bee sting, peanuts, ect.)</i></p>	
<p><b>Does the patient have a disability:</b></p> <p>If <b>YES</b> please give brief details</p>	<p>Yes/ No/ Prefer not to say</p>
<p><b>Does the patient have or had, any serious health problems (including operations) or long term conditions?</b></p> <p><i>If YES please include details &amp; dates:</i></p>	<p>Yes/No</p>
<p><b>Medications patient is currently taking:</b></p> <p><i>(Include dosage- you can continue on separate sheet if necessary</i></p>	
<p><b>Which pharmacy should we send prescriptions to:</b></p>	
<p><b>Main spoken language:</b></p>	

<b>Family History:</b>  <b>Does the patient have any illnesses in their family?</b> <i>Such as cancer, heart disease, diabetes, ect.</i>  Please include family member & health condition	
<b>What school year is the patient in:</b>	

Ethnicity:			
White British		White Other	
Black British		Black African	
Asian British		Black Caribbean	
Mixed white & Black African		Mixed White & Asian	
Mixed white & Black Caribbean		Other Asian background	
Other		Prefer Not to Say	

Emergency Contact details	
<i>(someone we can contact if medically necessary)</i>	
<b>Relationship status:</b> <i>eg Mother, Father ,aunt, grandparent. ect</i>	
<b>Title:</b> <b>Mr, Miss, Mrs, Ms, ect</b>	

<b>Full Name:</b>	
<b>Address:</b>	
<b>Mobile Number:</b>	
<b>Home Telephone Number:</b>	
<b>Are they registered as a patient at Pavilion Surgery?</b>	Yes / No

<b>Emergency Contact details</b> <i>(someone we can contact if medically necessary)</i>	
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<b>Are they registered as a patient at Pavilion Surgery?</b>	Yes / No