Montpelier Health Centre
New Patients under 5
We need to know about your child and their medical history so that we can give them the best possible care while they are registered with this practice.
The information you give here will be added to your child's confidential medical record.

Thank you for helping us.

Child's name:…….. Date of birth: __ /__ /____

Name of parent/next of kin:…….

Address of parent/next of kin:……
……..
.
Telephone:…….

Does any other adult not living with the child have responsibility as a parent or guardian? Yes / No
If yes, please give us their details:
Name: ……..
Address:……
Telephone number:……

Ethnicity:
Please tick your ethnic group below:

White British		Indian	
White Irish		Pakistani	
Other white ethnic group		Bangladeshi	
Black British		Chinese	
Black Caribbean		Other ethnic mixed background	
Black African		Other, specify:	
Black Other			