

Leyton Healthcare
4th Floor, Oliver Road Polyclinic
Leyton Orient Football Club, West Stand
75 Oliver Road
Leyton
London E10 5LG
Telephone:020 8430 8282

Date:

Parent / Guardian of:-

Child's Name:..... Date of Birth:

Mother's Name:..... Date of Birth:

Father's Name: Date of Birth:

Dear Sir or Madam:

Welcome to Leyton Healthcare. We hope that you will be happy with the care we provide for your family.

To contact your Health Visitor please telephone 020 8430 8130 and she will make an appointment to meet with you and your children.

Please complete as many of the following questions as you can relating to your child.

Known Allergies:.....

Place of Birth:.....

Past Medical History:

Please list any serious illnesses, operations or accidents (with dates). Also include any pregnancy or birth complications relating to your child.

Are there any pets in your household? (Please list below):

Current Medication:

Please include any medications you regularly purchase for your child from the Pharmacy or other retail outlets.

Is there any other information you would like to tell us that will assist with your child's care?

Which of the following best describes your ethnic background?

White

- British
- Irish
- Other white background

Black or Black British

- Caribbean
- African
- Other Black background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

Other

- Anything else
- I would rather not say

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed Background

IMMUNISATIONS: (Please bring your child's RED BOOK with this form)

IT IS IMPORTANT THAT YOU BRING YOUR CHILD'S RED BOOK WHEN YOU ATTEND TO REGISTER SO DATES OF YOUR CHILD'S VACCINATIONS CAN BE RECORDED

FOR PRACTICE USE ONLY:

Red book copied and attached to 0-5 health check form

Form assessed by:

PN

JS