



# **COLCHESTER MEDICAL PRACTICE**

## ***New Patient Child or Young Person***

### **Questionnaire**

*We encourage all our patients with home internet access or a connected smartphone to sign up to our Patient Access online service. You can book appointments, order repeat prescriptions and see a limited view of your medical records. Once they reach an age for consent this will be deactivated and they will have to bring in photographic ID for this to be reinstated Tick here if you would not like to register for this service:*

The preferred method of communication with patients for Colchester Medical Practice is by letter or SMS, if you would prefer another method of communication please inform the Practice.

Surgery Details:	Date form completed:
	NHS Number if known:

#### **Details of child being registered**

Surname:	Forename(s):
Date of Birth :	Sex: Male / Female
First language spoken:	Religion:
Ethnic origin:	Place of birth:
Has the child been known by any other name : YES /NO If yes please give details:	

#### **Details of Childs Main Carer:**

Surname:	First Name:
Current address (if different from child's):	Contact details (if different from above):
What is your relationship to the child: (ie Mother, father - specify)	Consent to be contacted by text message    Yes/No

#### **Does the child have contact with the Mother/ Father : YES / NO**

Surname:	First Name:
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