

Today's date:

Male <input type="checkbox"/> Female <input type="checkbox"/>	Surname:
Date of Birth:	First name(s):

Home Address: Postcode:	Home Tel:
	Contact Mobile no*:
	Contact Email*: <i>(in block capitals)</i>
Name of person with parental responsibility:	
Relationship to child:	

***Please note:** If you have provided an email address, we assume consent for contact by email. We assume consent to send texts to a mobile phone unless you have ticked the box to opt out. We will only text or email messages that are relevant to your ongoing healthcare, with the minimum of personal content. You are responsible for informing Fireclay Health of email address and mobile phone number changes or if your mobile phone is lost or stolen patient responsibility and to ensure contact details are updated to child's direct contact details at maturity.

Young Carers

Does someone in your household rely on you for help? Yes No

If you are a young carer we will record this in your health record. Please ask at Reception for a Carers Information Pack and a form to register with us as a carer.

Ethnic Group

White British Irish Other

Black Caribbean African Other

Asian Indian Pakistani Chinese Other

Mixed White + Black Caribbean White + Black African Other

Child's first language:

If this is not English, do you require an interpreter? Yes No

Medical Information

Current medical conditions
Current medication <i>(please give strength and dosage if possible)</i>
Allergies to medicines or foods

Family History

Any serious illness particularly, heart disease, stroke, high blood pressure, diabetes, inherited diseases