Details of Children Under the Age of 16 Years

Dear parent

This practice has a health visitor as part of the team. We would be grateful if you could complete the details below, so that your child can be allocated to them.

PRESENT ADDRESS:	**PREVIOUS ADDRESS:**
Tel No:	**Previous GP:**

CHILD'S NAME	**D.O.B**	**PREVIOUS SCHOOL ATTENDED**	PRESENT SCHOOL **ATTENDED**

What is your child's ethnic group? (Choose ONE section from A to E, then tick the appropriate box to indicate their ethnic group)

A. White	B. Mixed	C. Asian or Asian British	D. Black or Black British	E. Chinese or other ethnic group
☐ British	☐ White + Black Caribbean	☐ Indian	☐ Caribbean	☐ Chinese
☐ Irish	☐ White + Black African	☐ Pakistani	☐ African	☐ Any other
☐ Other (write in below)	☐ White + Asian	☐ Bangladeshi	☐ Any Other Black Background	(Please write below) .....
.....	☐ Any Other Mixed	☐ Any Other Asian	(Please write in)	

What is your child's main spoken language?

☐ English	☐ Polish	☐ Hindi	☐ Turkish
☐ French	☐ Arabic	☐ Mandarin	☐ Korean
☐ Spanish	☐ Cantonese	☐ Urdu	☐ Vietnamese
☐ German	☐ Czech	☐ Japanese	☐ Other (please write in) .....

Please detach for your records

Our health visitor is based at Brewood Surgery. Please see below for contact details.

Health Visitor: Caroline Pearson **Tel No:** 01902 850682