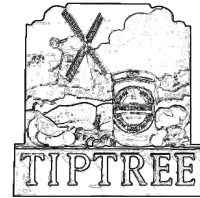


**Tiptree Medical Centre**  
**Church Road Tiptree Essex CO5 0HB**  
☎ 01621 816475  
Fax 01621 819902  
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Web [www.tiptree-medcentre.co.uk](http://www.tiptree-medcentre.co.uk)



Family  
Healthcare

**New Patient Registration Form - Children up to 18 years**

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Post code:</b>	
<b>Tel Number:</b>	<b>Contact Number for Parent/Guardian:</b>
<b>Name of Parent/Guardian:</b>	
<b>Address of Parent/Guardian if Different from Child's (state relationship to child):</b>	
<b>Contact Number for Parent/Guardian:</b>	

<b>Does your child suffer from any ongoing illness?</b>	<b>Yes/No (please circle)</b>
<b><i>If yes, please list:</i></b>	

**Is your child currently taking any medication?**

**Yes/No (please circle)**

***If yes, please give details:***

**Is your child currently receiving hospital treatment?**

**Yes/No (please circle)**

***If yes, please give details:***

**Does your child have any allergies?**

**Yes/No (please circle)**

***If yes, please give details:***

**Does your child have any special communication needs such as language, sign language, braille,**

**Yes/No (please circle)**

***If yes, please give details:***

**Are there any serious diseases that affect your family? *(tick all that apply)***

**Diabetes**

**Heart attack**

**Heart attack under the age of 60**

**Cancer**

**High blood pressure**

**Asthma**

**Stroke**

**Thyroid disorder**

**Other *(please state)***