

**Dr Golden & Dr Abu  
KENTON BRIDGE MEDICAL CENTRE**

155 – 175 Kenton Road. Kenton. Middlesex. HA3 0YX  
Tel:0208 9076013/89076014

**Email :golden.abu@nhs.net**

**Confirmation of Childhood immunisation**

**Dear Parents**

**Is your child up to date with your countries vaccination schedule?**

**Yes (please tick).....**

**No (Please tick)..... (Please see Practice Nurse)**

**If Unsure or don't know (Please tick)..... (Please see Practice Nurse)**

**Name of child ..... Date of Birth .....**

**Parents /Guardian to Sign .....**

**Date .....**

**Office use only**

**Please pass completed form with photocopy of Childs immunisation details  
To Practice Nurse Elaine.**

**Please hand in your completed registration forms with all the relevant documents  
BETWEEN 12.00 noon and 5.00 pm MONDAY TO FRIDAY**

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155 – 175 Kenton Road. Kenton. Middlesex. HA3 0YX  
Tel: 0208 9076013/89076014  
EMAIL :golden.abu@nhs.net

**NEW PATIENT REGISTRATION FORM FOR UNDER 0- 15 Years old**

Before registering with this practice we require all children under 18 patients to complete this form, providing full details

(Please complete a form for each patient).

**SUMMARY CARE RECORDS: Will allow Doctors at the Hospital to know what medications you are taking and if you have any allergies or bad reactions to medicines in order to treat you safely. IF YOU WISH TO OPT OUT OF SUMMARY CARE RECORDS PLEASE ASK THE RECEPTION FOR AN OPT OUT FORM.**

Today's date: ..... Name: .....

Date of Birth:...../...../..... Tel No.....

Address: .....

.....Post Code:.....

Mother's Name ..... Father's Name .....

Mother's Telephone Number ..... Father's Telephone Number.....

Legal Guardian name (If different from above) .....

Telephone number of legal guardian .....

Main Carer: (If different from above) .....

Telephone number of main carer: .....

Name of all Brothers and Sisters: .....

.....

**Name of School:** .....

Type of housing:

Privately owned home

Rented accommodation

Staying with relatives

Are you a Carer for a Relative If so please give their details.....

.....

If so you may be entitled to some support from Social Services. For more information please contact:

Harrow Carers Support: 020 8868 5224

Brent Carers Centre: 020 8795 6240

**Medical History:**

Do you have any diseases or medical problems? If you do, please write these down here:

.....  
.....  
.....

Are you allergic to anything?..... Yes/No. If you are allergic to anything, please write down

what you are allergic to:

.....  
.....

**8) What is your Ethnic Group ?**

**White-** British [ ]

Irish [ ]

Any other White Background [ ] please state.....

**Mixed-** White & Black Caribbean [ ] White & Black African [ ]

White & Asian [ ]

Any other Mixed background [ ] please state.....

**Asian or Asian British-** Indian [ ] Pakistani [ ] Bangladeshi [ ]

Any other Asian background [ ] please state.....

**Black or Black British-** Caribbean [ ] African [ ]

Any other Black background [ ] please state.....

**Chinese or other ethnic group-** Chinese [ ]

Any other [ ] please state.....

**9) What is your first language? .....**

**BABY FEEDING METHOD PLEASE TICK BELOW**

BOTTLE FED

BREAST FED

OR BOTH

