

Dear Parent/Guardian

CHILD`S NAME:.....

DATE (of registration):.....

It is useful for your doctor to know your ethnic origin as different diseases are more common in different races. I would therefore be grateful if you could provide us with your child`s ethnic origin.

White British

Other ethnic group Please specify.....

I would rather not answer this question`

Information Required for the Health Visiting Team:

Please also fill in the following information about your Child/Children

Children

- | | |
|--------|------------|
| 1..... | DOB: |
| 2..... | DOB:..... |
| 3..... | DOB:..... |
| 4..... | DOB..... |

Current Telephone Number.....

Current Address.....

Postcode.....

Previous Address.....

Postcode.....

Present GP.....

Previous GP.....

Signature.....

Do you or your family require immediate contact with your allocated Health Visitor?

YES

NO

If not your Health Visitor will make contact with you as a course of routine at the appropriate age for your child/children. You may have access to the Health Visitor at your Child Health Clinic each week. Your Health Visitors are Ann Howey and Jan Goring. They can be contacted on (01642) 784501.

THANK YOU