

Is the child up to date with childhood vaccinations? (Please note, if anyone other than Mother or Father brings the child for childhood vaccinations a consent form needs to be completed at reception)	YES/NO	Please list vaccinations received and date:
		Please provide details:
Is the child you are registering “looked after” by the local authority or subject to a Child Protection Plan? (If so, please give details of care order, parental responsibility, carers details etc)	YES/NO	
Does the child/your family have a social worker?	YES/NO	
Is your child a carer for you or someone else?	YES/NO	
For more support check out: http://www.bolton.gov.uk/website/pages/Youngcarers.aspx		
Is there anything else you think the practice needs to be aware of?	YES/NO	

Name of the person completing this form	
Relationship to the child	
Signature	

For Practice use:	
0-19 Service informed of new child registration Email: boh-tr.CYPDAdmin@nhs.net	Y/N Date notification sent: Signed by Practice: