

Please complete the form and hand this to the GP receptionist who will send on to your Child Health Records Department.

Date .....Parent/Legal Guardian Name .....Relationship to Child/Children .....

Present Address .....

Previous Address .....

Current Telephone number ..... Mobile number.....

Name & Address & Contact number of previous GP: .....

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Frist name of child	.....	.....	.....	.....	.....
Surname of the child	.....	.....	.....	.....	.....
Date of Birth	.....	.....	.....	.....	.....
Male/Female	.....	.....	.....	.....	.....
NHS No:	.....	.....	.....	.....	.....
Previous Nursery/School:	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
Nursery/School Attending Now:	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....
Name & Contact details of Previous GP	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....

**For use by the GP practice only:** Fax this completed form to Safe haven Fax number **0191 387 6563** or send via secure encrypted email to:

[cdda-tr.childhealthinformation@nhs.net](mailto:cdda-tr.childhealthinformation@nhs.net) Any further enquiries please ring 0191 387 6572

