



**COMMUNITY HEALTH SERVICES – CHILDREN'S
HEALTH VISITING & SCHOOL NURSING LIAISON**

New Registration for Children 0-16 Years with the Practice

Dear Parent / Carer / Guardian

Date _____

Please complete the following details about you family and leave this information at reception. This information will be shared with the Health Visitor (for pre-school children) or the School Nursing Service (if school age).

Parent / s Name: _____

| | | | |
|--|------|--|--|
| New Address: _____ _____ _____ | | Previous Address: _____ _____ _____ | |
| Post Code: _____ | | Post Code: _____ | |
| Telephone number home: | | Telephone number work: | |
| Previous GP/Base: | | | |
| Child 1: | DOB: | School: | |
| Child 2: | DOB | School: | |
| Child 3: | DOB | School | |
| Registering with GP Name: Dr H J Delargy | | | |
| Surgery Address: Husbands Bosworth Surgery, Kilworth Road Husbands Bosworth, Leics LE17 6JZ | | | |

Tear off slip for parents below

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|----------------------------|---|
| Health Visitor Contact is: | Cathy Weston, Kellie Vines, Kelsey Smart 0116 215 6255 |
| School Nurse Contact is: | Cathy Garood, Julie Parker, Sarah Struthers Tel: 0116 215 6265 For schools with NN postcode contact Daventry Team on 01327 708 836 |