



**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:			
Surgery Address: Market Harborough Medical Centre, 67 Coventry Road Market Harborough. LE16 9BX			

Tear off slip for parents below

Health Visitor Contact :	Cathy Weston, Kellie Vines, Kelsey Smart Tel: 0116 215 6255
School Nurse Contact :	Cathy Garood, Julie Parker, Sarah Struthers Tel: 0116 215 6265