

ON-LINE PATIENT REGISTRATION

Please complete the following if you have registered a **child under 5 years old**.

Child's Name	
Date of Birth (DD/MM/YYYY)	
Your name	
Your address	
Your relationship to the child	

I wish the child named above to be registered with a doctor at the University of Warwick Health Centre for Child Health Surveillance.

Signed	
Date	

For more information on Child Health Surveillance, please contact the Practice Nurse at the Health Centre - telephone 024 76 4888

When complete please forward to the Health Centre at the address given above.