

PLEASE COMPLETE IN BLOCK LETTERS

FORM FP58 (Rev 2002)

APPLICATION FOR A CHILD TO JOIN A DOCTORS LIST

NHS Number

Date of birth

Child's forenames

Child's surname

Sex

Issued by the Registrar for the Sub-District of

IMPORTANT NOTICE TO PARENT OR GUARDIAN

- **Where this form** bears the National Health Service Number of the child named above. It will be necessary to quote this number when using NHS medical, dental or optical services.
- **If you wish** to register the child with a doctor under the NHS, you should fill in the details below and hand the form to the doctor of your choice as soon as possible.
- **If you don't wish** to register the child with a doctor under the NHS, you should keep this form in a safe place in case at any time in the future you decide to do so or the child needs to use the NHS dental or optical services.

TO BE COMPLETED BY THE PERSON REGISTERING THE CHILD

Address

Postcode

Telephone number

- I wish to register the child** **for general medical services**
tick either or both boxes **for child health surveillance**

Signature

Relationship ("parent", "guardian" etc)

Date

TO BE COMPLETED BY THE DOCTOR

Doctor's surname and initials

PCT Code number

I declare that

- I am prepared to accept the patient overleaf for general medical services with:
 - myself
 - Dr , who is a member of this practice, and on whose behalf I accept the patient

 - (If the child health surveillance is to be provided)* child health surveillance will be provided to the child under five years named on this form in accordance with the programme agreed between the SHA and PCT by a doctor on the PCT's child health surveillance list, namely:
 - myself
 - Dr , who is a member of this practice, and on whose behalf I accept the patient

 - drugs will be dispensed for this patient

 - rural practice payments are claimed for this patient. The number of miles between the main surgery of the doctor accepting the patient and the patients home is
- I understand the information on this form is correct

Doctor's signature

Date

FOR PCT USE ONLY

Patient registered for:-

- General Medical Services
- Child Health Surveillance