



**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 7BX			

Tear off slip for parents below

Health Visitor Contact is:	Cathy Weston, Kay Bayliss, Jackie Mannings Market Harborough District Hospital Coventry Road. Tel: 01858 438116
School Nurse Contact is:	Karen Cornick Market Harborough District Hospital Coventry Road. Tel: 01858 438121