

# The Oliver Street Surgery

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## New Patient Questionnaire for Children under 6 years

We welcome your child to The Oliver Street Surgery. Please help us by completing this short questionnaire and giving the completed form to the receptionist.

Surname..... First name(s).....

Address..... Date of Birth.....

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Relationship to Patient ..... Date.....

Signature

Name of Father: .....

Name of Mother .....

Has your child had any serious illness, operations or on going illnesses? Please list these below. We particularly need to know if you he/she has suffered from asthma, epilepsy or diabetes. Please list any drugs he/she takes and the dosage. Continue on the back of this sheet if necessary.

Does any one in your family (brother, sister, mother or father) have heart disease, stroke, asthma, hay fever or eczema? Please give details of these or any other illnesses that run in the family.

Vaccination history. It helps us if you bring in your child's Vaccination Book for your first visit to the surgery.

Please fill in the following information – this should be in the Red Vaccination Book.

	8 weeks Date	12 weeks Date	16 weeks Date	13 months Date	4 years booster Date
DTP (Triple)					
Polio					
Hib					
MMR Measles, Mumps & Rubella					
Men C					