Manor Park Surgery

New Patients under 16yrs

Name:

Date of Birth:

Address

Home telephone and mobile if applicable:

Ethnic origin:

Is the child a carer: Yes / No

Previous medical history (please include any illnesses/operations/accidents):

Medications (please include details of all medication currently being taken, or attach old prescription request slip):

Allergies (please include any drugs, foods, pollens etc to which you are allergic):

Is there any FAMILY HISTORY of (please circle as appropriate): -

Asthma / Diabetes / Stroke (CVA) / Heart disease / Hypertension (high blood pressure)

Immunisations

Can you confirm by ticking if the child has had the following routine immunisations:

MMR ☐

Meningitis C ☐

5 in 1 vaccination ☐
(Diptheria, tetanus, pertussis, polio & HIB)

Meningitis B ☐

HPV ☐

If you have any concerns about missed immunisations, please ask to speak to one of our nurses.

Was the child a premature birth? Yes/No If Yes, by how many weeks?.....

Signed …….. Date :……

Name of signatory…….

Relationship to Child……..