

We would like to record your child's ethnicity. This can be helpful in understanding the patterns of certain diseases.

Please tick one of the boxes below

- White British
- White Irish
- White – Any other ethnic group*
- Black/White Caribbean Mix
- Black/ White African Mix
- Asian/White Mix
- Any other Mixed Ethnic Group*
- Indian
- Pakistani
- Bangladeshi
- Asian – Any Other Ethnic Group*
- Chinese
- Black Caribbean
- Black African
- Black – Any Other Ethnic Group*
- Any Other Ethnic Group

*If you wish to supply any additional details, write here.....

If you do not wish your child's ethnicity to be recorded, tick here

First language (e.g. English).....

Details of any PAST MAJOR ILLNESS OR OPERATIONS

IS THERE ANY HISTORY OF ALLERGIES?

**PLEASE GIVE DETAILS OF WHEN YOUR CHILD
HAD THE FOLLOWING IMMUNISATIONS:**

Vaccine	Date	Given at GP surgery?
Diphtheria, tetanus, pertussis, polio and Hib. Pneumococcal. <i>(Usually given at 2months)</i>		
Diphtheria, tetanus, polio, pertussis and Hib. Meningitis C. <i>(Usually given at 3months)</i>		
Diphtheria, tetanus, polio, pertussis and Hib. Meningitis C. Pneumococcal <i>(Usually given at 4months)</i>		
Hib/Meningitis C <i>(Usually given at 12months)</i>		
MMR. Pneumococcal. <i>(Usually given at 13months)</i>		
Diphtheria, tetanus, polio, pertussis. MMR <i>(Usually given between 3yrs and 4months to 5yrs)</i>		

YELVERTON SURGERY - CHILDREN UNDER 5

We have a particular interest in your child's health and normal development. It would help us if you would complete this form.

If you have any health concerns about your child's hearing, vision, general development or health, please make an appointment with the doctor.

CHILD'S NAME:

DATE OF BIRTH

ADDRESS:

TELEPHONE:

SCHOOL/NURSERY: