Court View Surgery
2a Darnley Road
Strood
Rochester
ME2 2HA
Tel: 01634 290 333

Court View Surgery
Children 6 years and under

Surname: ______________________ First Name______________________
(DETAILS AS STATED ON YOUR BIRTH CERTIFICATE/PASSPORT

Date of Birth___/___/______ Ethnic Origin ______________________

Main spoken language____
Do you agree to us texting appointment reminders? Yes/No
Do you wish to have access to on-line appointment booking?
If yes, please confirm your email address:……………………………………………………………………

Do you agree to a Summary Care Record? Yes/No

Address ____
_________________________ Postcode ________________________
Telephone Number: ____

Please list any illnesses or operations your child has had e.g. tonsils removed, Grommets, Asthma ect.

Date	Illness	Operation
__________	__________________	___________________________________
__________	__________________	___________________________________
__________	__________________	___________________________________

Please give details of any medication your child is taking.

Medication	To Treat
_______________________	____
_______________________	____
_______________________	____

Is your child on a waiting list for an operation, attending hospital as an outpatient or are there any investigations pending? Yes/No

If yes please give details

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Please give details of vaccinations received and whether given at Doctor's Surgery or Clinic.

DTP/Polio/HIB/Men C	Date	Drs/Clinic
1st	____________	________________________
2nd	____________	________________________
3rd	____________	________________________
MMR	____________	________________________
Pre School Booster	____________	________________________
MMR Booster	____________	________________________

Previous Drs name and address ____

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Previous Home Address ____

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