

Crown House Surgery

Retford Primary Care Centre North Road Retford Notts DN22 7XF

Tel: 01777 703672 Fax: 01777 710534

Under 16 New Patient Questionnaire

Would you please complete the questionnaire below. It will help us to provide medical care until we receive your child's medical records from their previous doctor.

Practice use only

Date:

EMIS no:

Child's Name:

Date of Birth:

Ethnic Origin

Please tick one box that most reflects your background:

British

Irish

Polish

Turkish

Black Caribbean

White Caribbean

Indian

Pakistani

Bangladeshi

Chinese

Asian

Other Please state:

Name of Health Visitor:

Address of Health visitor:

Please give details of any previous major illnesses or operations and any current health problems:

.....
.....

Current Medication:

.....
.....

Immunisations:

Baby Immunisations starting around 8 weeks of age

	1 st Date given	2 nd Date given	3 rd Date given
Diphtheria, Tetanus, Polio			
Pertussis* (whooping cough),			
HIB. Meningococcal C**			

*Did your child receive the whooping cough part of the triple vaccine?

YES/NO

**Was Meningococcal vaccine given with the three triple vaccines?

YES/NO

if NO has your child received a single Meningococcal vaccination?

YES/NO

If a single Meningococcal vaccine has been given please give the date

Immunisations Age 1 to 16 years

Date Given

MMR (Age 14months)

Diphtheria, Tetanus & Polio (Pre-School Age 4 to 5 years)

MMR Booster (Age 4 to 5 years)

Diphtheria, Tetanus & Polio Booster (Age 15 to 16 years)