



Child

14 Years and Under

The Alresford Surgery

Station Road

ALRESFORD

Hampshire

SO24 9JL

Telephone: 01962 732345

It can often take many weeks before the records arrive from your previous doctor. To help us until then please fill in the form below as honestly and completely as you can.

This is in the strictest confidence.

DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS? YES / NO	
If Yes (tick as appropriate)	Sign Language
	Large Print
	Other

Personal Details - Children			
Sex	Male / Female	DOB	
Title			
Forenames			
Surname			
Address			
Telephone number (home)			
Name of next of kin and telephone number.			
Name and address of last doctor			
Ethnic origin	White – British/Irish/Scottish/other white ethnic group Black – British/Caribbean/African/other (please specify) Indian Pakistani Chinese Other ethnic (non mixed – please specify) Other ethnic (mixed – please specify) Irish traveller Other Asian (please specify) Other (please specify) Declaration refused		

Drugs and medicines	Please list any medicines including tablets, capsules, inhalers, creams, etc that your child is using, including the name and the dosage.	
Allergies	Please list any medications your child is allergic or sensitive to.	
Immunisations (please give dates including month and year)	<p>Primary Vaccinations</p> <p>D T aP IPV/Hib 1 & Pneumococcal 1</p> <p>D T aP IPV/Hib 2 & Men C 1</p> <p>D T aP IPV/Hib 3, Pneumococcal 2 & Men C 2</p> <p>12 Month Vaccinations</p> <p>Hib/MenC</p> <p>Pneumococcal</p> <p>MMR1</p> <p>Pre-School Boosters</p> <p>D T aP IPV</p> <p>MMR2</p> <p>Any Others?</p>	Date Given
Thank you for completing this form for our records. All new patients over 6 years of age are invited to have an introductory health check. However, this offer is only open for three months! Please make an appointment with a doctor at your earliest convenience and please bring a small urine sample with you to your appointment.		