

**NEW PATIENT REGISTRATION QUESTIONNAIRE: CHILDREN 15 YEARS & UNDER
ALBYN MEDICAL PRACTICE**

PLEASE COMPLETE THIS 4-PAGE QUESTIONNAIRE – YOUR REGISTRATION MAY BE DELAYED IF YOU DO NOT SUPPLY ALL RELEVANT INFORMATION

Personal Details

Surname		First Names	
Address		Postcode	
Male / Female (please circle)		Date of Birth __ / __ / ____	
Mother/Guardian's name		Father/Guardian's name	
Contact Tel. No.		Contact Tel. No.	

If you have recently arrived in this country please provide the following information:

How long you expect to stay in the UK:	Your Place of Birth:
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Please give details of current school attended:

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YOUR HEALTH – ILLNESS, DISEASES, OPERATIONS
Please also give details and approximate dates of any other significant illnesses, diseases, or operations with approximate dates:

MEDICATION: Are you currently taking any tablets, medicines or injections? Yes / No
If 'YES', please give details below

Drug Name	Strength	Dose

ALLERGIES
Have you any allergies to medicines or to anything else? Yes / No
If 'YES', please give details

FAMILY HISTORY: Have your parents, brothers/sisters suffered from any of the following, or an inherited disease

Stroke Yes / No Relationship to you

Cancer Yes / No Relationship to you

Diabetes Yes / No Relationship to you

Heart problems Yes / No Relationship to you

- Please give details of heart problem

Other Yes / No (please give details below)

CHILDHOOD IMMUNISATION HISTORY

All children 13+ years

Tetanus, diphtheria and polio booster YES / NO (date)

Girls aged 12+ years:

HPV vaccination (cervical cancer caused by human papillomavirus types 16 and 18)

Dates:

1st 2nd 3rd

All children aged 7 years and over:

Measles, Mumps & Rubella Vaccination (MMR):

Date of 1 st MMR	Date of 2 nd MMR

For children aged 6 and under:

Please complete the Child Immunisation Form on page 4 or ask the receptionist to take a photocopy of your child's Health Record

FEMALE CHILD ONLY: (Please tick or complete / delete appropriate sections)

- I currently take the contraceptive pill - Name of pill
- I have supplies for the next: - 1 month / 2 months / 3+ months
- I get my supply of pills from: - GP / Family Planning
- I currently have a contraceptive implant - Date inserted
- I currently get Depo-provera - Next due on

YOUNG CARER DETAILS: Please complete if you are a "young carer"

A carer is someone who looks after a relative or friend who needs support because of physical or learning disability or illness including mental illness

Carers:

For whom do you care (their full name)?

Relationship to you: Their GP/Surgery

WHAT IS YOUR ETHNIC GROUP?

Tick **ONE** box which **best describes** your ethnic group or background

A White

- Scottish English Irish Northern Irish
 British Welsh Polish
 Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British (e.g. Pakistani, Indian, Bangladeshi, Chinese)

- Give details

D African, Caribbean or Black

- Give details

E Other ethnic group

- Give details

- If you do not wish to give this information, please tick here

Does your parent/guardian need an interpreter

YES / NO

If yes, please state what language they speak

Does your parent/guardian need sign language support?

YES / NO

THANK YOU FOR COMPLETING THIS FORM

FOR INTERNAL USE ONLY - Not previously registered with NHS – evidence seen:

HC2 form Passport Visa Birth Cert

Parent's Home Office App. Reg Card

Parent's Employer Letter dated Parent/s University Letter dated

Updated February 2014

HISTORY OF CHILDHOOD IMMUNISATIONS

PLEASE COMPLETE FOR CHILDREN AGED 6 YEARS AND UNDER:

Full Name:		Date of Birth	__ / __ / _____
Address:			

PLEASE ENTER THE DATES IMMUNISED INTO THE RELEVANT BOXES (DD/MM/YYYY)

5 in 1 – DTaP/IPV/Hib (Diphtheria Tetanus, Pertussis (whooping cough), Haemophilus influenzae type b (Hib) & Polio) (at 2, 3 and 4 months of age)

1 st / /	2 nd / /	3 rd / / /
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PCV (Pneumococcal) (at 2, 4 and 12-13 months of age)

1 st / /	2 nd / /	3 rd / /
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MenC (Meningococcal group C disease) (at 3 and 4 months of age)

1 st / /	2 nd / /
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Hib/MenC (between 12 and 13 months – within a month of the first birthday)

1 st / /	Booster / /
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MMR (Measles Mumps & Rubella) (between 12 and 13 months – within a month of the first birthday; and 3 years 4 months older soon after)

1 st / /	Booster / /
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DTaP/IPV (Diphtheria, Tetanus, Pertussis and polio) (at 3 years 4 months or soon after)

1 st / /	2 nd / /
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Non-routine immunisation for “at risk” babies:

Hepatitis B (at birth, 1, 2 and 12 months old)

1 st / /	2 nd / /	3 rd / /	Booster / /
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BCG

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Other Immunisations	Course	Date Given