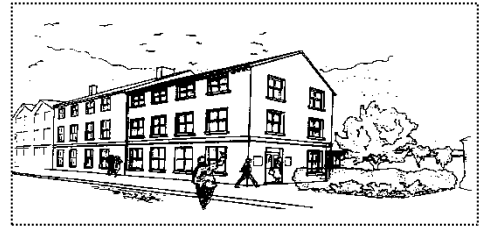


SOUTHBROOM SURGERY

Children's New Patient Health Information



Welcome to Southbroom Surgery.

Our aim is to provide new patients with the most appropriate care. It can take a few weeks to receive your medical records so please you could complete the following questions.

Name: Address:

..... Postcode:..... Tel No:.....

Date of Birth: Age:..... Birthplace(hospital).....

Ethnic Origin:..... First Language:.....

Previous GP:..... Address:.....

Mothers Name:..... Fathers Name:.....

Who cares for your child during the day:.....

Contact Number:.....

School:.....

List any major problems during pregnancy (infection, premature labour etc:.....

.....

List any major problem after birth (trouble breathing, jaundice etc:.....

.....

Has your child had any surgeries? YES/NO Explain

.....

CURRENT PROBLEMS

Does your child have any chronic medical problems? YES/NO Asthma, heart disease, juvenile diabetes, blind, partially blind, deaf, partially deaf etc

.....

Does your child take any medication regularly?

List any allergies to medications, foods, animals:.....

VACCINATIONS

Please complete

Vaccination	Date	Vaccination	Date
Birth-2wks - Hep B		18 months - DT&P,Hep A, OPV	
2 months - DTaP, IPV, HIB, Hep B, PCV		4 years - IPV, DTap, MMR, Varicella, OPV	
4 months - DTaP, IPV, HIB, PCV		Girls 9 & older - Gardasil (3 doses)	
6 months - DTaP, HIB, Hep B, PCV, IPV		12 months – Varicella, MMR, Hep A, PCV, HIB	
Date of most recent DTaP or Td			

Family History

Mother:

Is there any known family history of inherited diseases?

.....

.....

.....

Father:

Is there any known family history of inherited diseases?

.....

.....

.....

THIS INFORMATION IS FOR SURGERY USE

Signature of Parent Completing Form:.....

Date Completed:.....