New Patient - under 5-years of age

Patient's name		Parent/guardian	
Address	Post Code		
Date of Birth		Telephone number	

Please list all serious illnesses, accidents, hospital admissions and operations with dates and hospital details:

Please list any medicines or tablets your child is taking at present and the illnesses for which they were prescribed

Is you child allergic to any medication or food or any substance and is so please list below

Present weight		Present height	

Please put the date of vaccination for each vaccine below:

MMR - first		MMR - second	
Diptheria/Tetanus/Pertussis/Polio/Hib - first			
Diptheria/Tetanus/Pertussis/Polio/Hib - second			
Diptheria/Tetanus/Pertussis/Polio/Hib - third			
Diptheria/Tetanus/Pertussis/Polio - pre-school			
Meningitis C - first			
Meningitis C - second			
Meningitis C - third			

Ethnicity:

British - white		Pakistani or British Pakistani	
Irish		Bangladeshi/British Bangladeshi	
Other white		Other Asian background	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Other Black background	
Other mixed background		Chinese	
Indian or British Indian		Other	

Religion - please state:	
Language spoken:	