

STRICTLY CONFIDENTIAL TO THE UNIVERSITY MEDICAL GROUP

Please fill this form accurately, as the information you provide becomes part of the medical record

Children under 16 years medical summary form

Family name (last name)		First name(s)	
Previous family name		NHS number	
Sex – Male/Female		Date of birth	
Current address Tel :	Previous address		
Current school	Previous school		
Previous GP name & address			

Dependent of:

Name of Parent/Guardian	1)	D.O.B	
Address if different to child's address			
Name of Parent/Guardian	2)	D.O.B	
Address if different to child's address			
Relationship to child:	1) 2)		

Please indicate your racial origin, as this is relevant to certain health needs		
White:	Asian or Asian British:	Other Ethnic Group:
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Other	<input type="checkbox"/> Bangladeshi	
Mixed:	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> White / Black African	Black or Black British:	<input type="checkbox"/> I do not wish to give this information
<input type="checkbox"/> White / Black Caribbean	<input type="checkbox"/> Caribbean	
<input type="checkbox"/> White / Asian	<input type="checkbox"/> African	
<input type="checkbox"/> Other background	<input type="checkbox"/> Other background	

IMMUNISATIONS

Children already registered with an NHS GP	
Are you sure that all immunisations according to the recommended UK schedule have been given at the usual times?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
In both cases please bring documented evidence about the immunisation history when you come to the registration appointment.	

OR

Children newly registering with the NHS
Although some immunisations, such as DTP and polio, are routinely given in almost every country in the world now, there are some additional vaccines, e.g. to protect against meningococcal meningitis, which are given in the UK because of the increased risk of infection.
Please bring documented evidence about which immunisations have been given when you come to the registration appointment. Children residing in the UK would be expected to follow the schedule of immunisations set out by the Department of Health. Immunisations required to bring your child up-to-date will be offered by a nurse at registration.
Please give dates of MMR
1 st dose _____ 2 nd dose _____

MEDICAL DETAILS

Please list any important or recurrent past illnesses, operations, allergies or disabilities.

Please list any regular medication required.

Weight (kg):	Height (m):
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HEALTH CENTRE USE ONLY

ONLY 5 years and under

Make one photocopy of details overleaf
- one copy in Health Visitor's pigeonhole



Newborns do not need a registration medical.
Otherwise, make a 10 minute appointment to review immunisations with Alison, Sarah or Clare.