

To enable us to provide your child with appropriate healthcare, we would be grateful if you could complete the following questionnaire.

Please provide details of all childhood immunisations overleaf or provide us with copies of immunisation records.

Thank you for your co-operation.

Drs Watson, Charleson, Collie, Turner, Alderson & Sekulin

PERSONAL DETAILS

Name _____	Date of Birth _____
Address _____	Nationality _____
_____	School _____
_____	Adopted? _____
Telephone No _____	Mother's occupation _____
Patient/Parent Signature _____	Father's occupation _____
	Date _____

Which ethnic group do you belong to? – You are not obliged to complete this section. Please tick as appropriate

- White
 Chinese
 Indian
 Bangladeshi
 Pakistani
 Black-African
 Black-Caribbean
 Other – please state
 I do not wish to give this information

Do you wish to nominate a preferred Doctor within the Practice? If so, please tick the Doctor of your choice below.

Dr D P B Watson
 Dr F Charleson
 Dr W M Collie
 Dr G Turner
 Dr P Alderson
 Dr J Sekulin

Please note that it may not always be possible to see your preferred Doctor, therefore you must be prepared to see other Doctors within the Practice.

LIFESTYLE

Does your child smoke? **YES** **NO** How many per day? _____

Which sport(s) does your child play? _____

Has your child experimented with alcohol or drugs? _____

MEDICAL DETAILS

Relevant Family History
(Diabetes, Heart Disease, Asthma, Epilepsy, Cancer etc) _____

List any medicines currently taken _____

Allergies _____

Previous Medical History – please give dates
(Operations, hospital admission, major illnesses) _____

MEDICAL DETAILS (Contd.)

Does the child named overleaf personally suffer from:	(Please circle)		Elaborate
Allergies	YES	NO	_____
Asthma	YES	NO	_____
Diabetes	YES	NO	_____
Heart problems	YES	NO	_____
Stroke	YES	NO	_____
Any other medical conditions	YES	NO	_____

IMMUNISATION HISTORY

Date last immunised for	Tetanus	Rubella
Dates of other immunisations	_____	_____
(please list or provide copies of Immunisation record)	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

GP PLAN
