

NEW PATIENT INFORMATION CARD – UNDER 6

Surname :	_____	First Names	_____
Mothers Name :	_____	Date of Birth	_____
Place of Birth :	_____	Sex	_____
Home Telephone No:	_____	Previous GP	_____
Address:	_____ _____ _____		
Postcode	_____ _____		

Any serious illnesses etc _____

Medicines _____

Allergies _____

VACCINATIONS - Please give dates (or approximate ages if known)

	Date	Date	Date
DIPHTHERIA	_____	_____	_____
PERTUSSIS (WHOOPIING COUGH)	_____	_____	_____
TETANUS	_____	_____	_____
HIB	_____	_____	_____
POLIO	_____	_____	_____
MEN. C.	_____	_____	_____
MMR	_____	_____	_____
PRE-SCHOOL BOOSTER	_____	_____	_____
OTHER VACCINATIONS (Children immunised abroad may have received vaccinations not usually given in this country)	_____	_____	_____

PLEASE TURN OVER

Ethnic Group, are you : White British

- Other white ethnic group
- White Caribbean
- White African
- Pakistani

White Irish

- Black Caribbean
- Black African
- Asian Indian
- Bangladeshi

Chinese

Other (please

state) _____

Decline to complete

What is your Main Spoken Language?

This is the language you speak in your home or family environment, regardless of how well you speak English.

ENGLISH	<input type="checkbox"/>
ARABIC	<input type="checkbox"/>
DUTCH	<input type="checkbox"/>
FARSI	<input type="checkbox"/>
FRENCH Francais	<input type="checkbox"/>
GERMAN	<input type="checkbox"/>
GREEK	<input type="checkbox"/>
GUJERATI	<input type="checkbox"/>
HINDI	<input type="checkbox"/>
ITALIAN Italiano	<input type="checkbox"/>
JAPANESE	<input type="checkbox"/>
NORWAY	<input type="checkbox"/>
POLISH Polski	<input type="checkbox"/>
PUNJABI	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>
SWEDEN	<input type="checkbox"/>
TAMIL	<input type="checkbox"/>
TURKISH	<input type="checkbox"/>
URDU	<input type="checkbox"/>

Any other Main Spoken Language

(please write your Main Spoken Language below if you cannot find it in the list)

