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

Please indicate your racial origin, as this is relevant to certain health needs

White:
- ☐ British
- ☐ Irish
- ☐ Other

Mixed:
- ☐ White / Black African
- ☐ White / Black Caribbean
- ☐ White / Asian
- ☐ Other background

Asian or Asian British:
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian

Black or Black British:
- ☐ Caribbean
- ☐ African
- ☐ Other background

Other Ethnic Group:
- ☐ Chinese
- ☐ Any other ethnic group

- ☐ I do not wish to give this information

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 ☐	No ☐
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 **PLEASE ENSURE A COPY OF IMMUNISATION HISTORY IS ATTACHED**
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** **1st dose _____ 2nd 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):

HEALTH CENTRE USE ONLY

ONLY 5 years and under

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

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Newborns do not need a registration medical.

Otherwise, make a 10 minute appointment to review of immunisations with nurse providing childhood immunisations.