

GIGGS HILL SURGERY – ADDITIONAL NEW PATIENT FORM FOR CHILDREN

It may be a while before your child's notes arrive from your previous Doctor. To ensure continuity of care we would be grateful if you would provide us with details of your child's vaccination history. This will ensure we can call you for all necessary immunisations and enable us to find those at risk quickly, should an epidemic of any particular disease occur. By asking you to complete this form, we are not judging you, merely ensuring we can help. Please enter the DATES of your child's immunisations in the white boxes in the grid below (these can be found in your child's red book.)

PERSONAL DETAILS

Surname:		Date of Birth:	
Forename:			

IMMUNISATION HISTORY

	Dates:					Comments
	1 st dose	2 nd dose	3 rd dose	Booster	Booster 2	

ROUTINE NHS IMMUNISATIONS:

Diphtheria						
Tetanus						
Pertussis						
Polio						
HIB						
Pneumococcal						
Meningitis C						
MMR						
HPV						

ANY OTHER IMMUNISATIONS (e.g. travel or private immunisations):

BCG						
Hepatitis B						
Measles (single)						
Mumps (single)						
Rubella (single)						
Hepatitis A:						
Typhoid						
Other:						
Other:						
Other:						

We recommend that all children are fully immunised. If you do not consent to your child receiving the MMR vaccination, please **sign and date** below. If you are unsure, please discuss with the Practice Nurse.

My child will NOT be having the MMR vaccination

My child will be having SINGLE Measles, Mumps and Rubella vaccinations privately YES / NO

DTP = Diphtheria, Tetanus & Pertussis (Whooping Cough)
HIB = Haemophilus Influenzae type B
HPV = Human Papilloma Virus (protects against Cervical Cancer)

Men C = Meningitis C
MMR = Measles Mumps & Rubella
PCV = Pneumococcal conjugate vaccine

Please note: some countries give four doses of primary ('baby') immunisations followed by the two booster doses – please give ALL dates if this applies to you (use the Comment box if necessary.)