

OAKLEY MEDICAL PRACTICE
NEW PATIENT HEALTH QUESTIONNAIRE (CHILD)

Has the child ever been registered with the practice before: YES / NO (**please circle**)

Surname: _____ Forenames: _____

Male / Female (please circle) Address: _____

Date of Birth _____

Allergies _____ Next of Kin: _____

Fathers Occupation: _____ Relationship: _____

Mothers Occupation: _____ Contact No: _____

Present medical history / operations / hospital investigations:

VACCINATION HISTORY

VACCINATION DATES (APPROX)

1. The first immunisations are given at approximately 2 months of age and comprise:
 - Diphtheria, Tetanus, Whooping Cough (DTaP) + inactivated Polio (IPV)+ Haemophilus Influenza B (HIB) = 1 injection
 - Pneumococcal = 1 injection

Date : _____

2. The second immunisations are given at approximately 3 months of age and comprise of:
 - Diphtheria, Tetanus, Whooping Cough (DTaP) + inactivated Polio (IPV)+ Haemophilus Influenza B (HIB) = 1 injection
 - Meningococcal C = 1 injection

Date : _____

3. The third immunisations are given at approximately 4 months of age and comprise of:
 - Diphtheria, Tetanus, Whooping Cough (DTaP) + inactivated Polio (IPV)+ Haemophilus Influenza B (HIB) = 1 injection
 - Pneumococcal = 1 injection
 - Meningococcal C = 1 injection

Date : _____

4. At 12 months your child's initial immunisations will be completed with Haemophilus Influenza B (HIB) and Meningococcal C = 1 injection

Date : _____

5. At 13 months your child will be Mumps, Measles and German Measles (Rubella) (MMR) = 1 injection and Pneumococcal = 1 injection.

Date : _____