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CLIFF VILLAGES MEDICAL PRACTICE – PATIENT QUESTIONNAIRE

NAME (MR/ MRS/ MISS).....D.O.B.....

ADDRESS:

.....

TELEPHONE: (HOME) (MOBILE)

EMAIL.....

We are looking at sending appointment reminders and contact requests by text message. No confidential information, such as test results, will be sent this way. If you agree to us using this method of contact at some stage in the future, please indicate here: YES / NO
It is your responsibility to inform us of any change in your contact telephone numbers.

WHAT ETHNICITY ARE YOU?

PRESENT MEDICATION (INCLUDING CONTRACEPTIVE PILL)
.....
.....

Please note: An appointment with a Doctor will be required before we are able to issue any medication. Please arrange an appointment at your earliest convenience.

ALLERGIES:

ALCOHOL UNITS PER WEEK CIGARETTES PER DAY

DO ANY FAMILY MEMBERS/CLOSE RELATIVES HAVE ANY OF THE FOLLOWING (PLEASE GIVE RELATION AND AGE OF ONSET)

- Diabetes mellitus
- High blood pressure
- Heart disease/Angina/Mi
- Stroke
- Cancer (Please state site)

IF YOU HAVE RECENTLY LEFT THE ARMED FORCES:

DATE OF ENLISTMENT DATE OF DISCHARGE

IF YOU HAVE RECENTLY RETURNED FROM ABROAD AND ARE A DEPENDANT OF THE ARMED FORCES, PLEASE PROVIDE:

DATE YOU LEFT THE UK..... DATE YOU RE-ENTERED THE UK

SUMMARY CARE RECORD

I consent to a basic Summary Care Record

Signed..... DATE

Print name

(If you do not wish to consent to summary care records, please fill out the opt out form attached)

**PLEASE BRING ID WITH YOU WHEN YOU COME IN TO REGISTER
THANK YOU**

Childhood Immunisation Schedule

Children 0 to 6 Years old

Please complete the following immunization list, one for each child in your family
(This information will be in your child's red book)

Name:

D.O.B:

Age given	Diseases protected against		Office use only	Date given
Two months old	Diphtheria, Tetanus, Pertussis (Whooping Cough) Polio and Haemophilus Influenzae type B (Hib)	1st DTaP/IPV/Hib vaccination	(65a0)	
	Pneumococcal Infection	1st pneumococcal conjug vaccine	(657L)	
Three months old	Diphtheria, Tetanus, Pertussis (Whooping Cough) Polio and Haemophilus Influenzae type B (Hib)	2nd DTaP/IPV/Hib vaccination	(65a1)	
	Meningitis C (Meningococcal Group C)	First meningitis C vaccination	(657E)	
Four months old	Diphtheria, Tetanus, Pertussis (Whooping Cough) Polio and Haemophilus Influenzae type B (Hib)	3rd DTaP/IPV/Hib vaccination	(65a2)	
	Meningitis C (Meningococcal Group C)	Second meningitis C vaccination	(657F)	
	Pneumococcal Infection	2nd pneumococcal conjug vaccine	(657M)	
Around 12 months old	Haemophilus Influenzae type B (Hib), Meningitis C (Meningococcal Group C)	Hib/meningitis C vaccination	(65b)	
Around 13 months old	Measles, Mumps Rubella (German Measles)	Measles/mumps/rubella vaccn.	(65M1)	
	Pneumococcal Infection	3rd pneumococcal conjug vaccine	(657N)	
Between 3yrs 4months and 5 years old	Diphtheria, Tetanus, Pertussis (Whooping Cough) Polio	Booster DTaP/IPV	(65I9)	
	Measles, Mumps Rubella (German Measles)	MMR pre-school booster vaccination	(65MB)	
13 to 18 years old	Diphtheria, Tetanus, Polio	First booster Td/IPV vaccinat	(65K9)	