

THE SOUTHERN MEDICAL GROUP

Dr A.D. McKain Dr D.M. Taylor Dr A. S. Blair Dr A.J. Stewart Dr S.K. Shinwari

322 Gilmerton Road
Edinburgh EH17 7PR
Tel: 0131 664 2148
Fax: 0131 664 8303

REGISTRATION FORM FOR CHILDREN UNDER 6 YEARS OF AGE ONLY

The Practice would be grateful if you could take the time to complete this form. This will enable the GPs at this Practice to get to know a bit about your child and any medical problems he/she may have. If you are at all concerned about any of the questions, then leave them blank. Your replies to these questions will be handled confidentially.

Childs Name..... Date of Birth.....

Name of Parent or Guardian.....

Home Telephone No..... Contact Telephone No.....

Illnesses accidents of operations

Please list any serious illnesses, accidents, hospital admissions /operations, also any previous illnesses which the child has had (with dates wherever possible).

Medication

Please list any medication that your child takes regularly.

Allergies

Is he/she allergic or sensitive to any medicines that you are aware of?

Is there any other information you may think helpful for your doctor to know?

Which immunisations has your child had to date? Please tick type where appropriate and add date if known.

Type of immunisation	Age normally given	Actual date given (if known)
Triple	Between 2-4 months old	
Hib	Between 2-4 months old	
Polio	Between 2-4 months old	
Meningitis C	Between 2-4 months old	
MMR	13 months	
Triple	4 years	
Polio	4 years	
MMR	4 years	