

Drs McCarthy, Schmalhorst & Mo

‘Plas Meddyg’ Surgery, 40 Parkhill Road, Bexley, Kent, DA5 1HU

As there is usually a delay in transferring Medical Records when you change doctors, we need the following information, which is confidential and will form part of your new Medical Record.

1. REGISTRATION DETAILS

SURNAME

FORENAMES

ADDRESS.....

POSTCODE..... TEL.....(Home)

DATE OF BIRTH..... SCHOOL ATTENDED.....

2. VACCINATIONS: Has your child received the following vaccinations? (Please give dates, if known)

	1st Date	2nd Date	3rd Date	Pre-School Booster
Diphtheria Tetanus Whooping Cough Polio HIB				
Men C				
Prevenar				
Measles) Mumps) MMR Rubella)				

3. ILLNESS: Have there been any serious illnesses or hospital admissions/operations? Please give details.....

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4. MEDICATION: Please give full details of any tablets/medications taken regularly - and the reason for each.....

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5. ALLERGIES: Is your child allergic to anything? Yes/No Please give details:

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6. NEXT OF KIN/CARER DETAILS:

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