

# St Austell Healthcare

## New Patient Questionnaire



To be completed for ALL *children inc new babies*

### Childs

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Next of Kin Information:

Next of Kin Name:		
Relationship to Child:		
Contact Address:		
Contact Telephone Number:	Home:	Mobile:

### Ethnic Origin and Nationality:

*This questionnaire follows the recommendations of the Equality and Human Rights Commission Act.*

#### A White

- British or Mixed British
- Irish
- Other white background, please specify:  
.....

#### B Mixed Background

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background, please specify:  
.....

#### C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian Background, please specify:  
.....

#### D Black or Black British

- Caribbean
- African
- Other Black Background, please specify:  
.....

#### E Other

Please specify:  
.....

## CHILD IMMUNISATION RECORD

In order to ease the process of registering your child, it would be helpful to have information of any immunisations your child may have already received (these can usually be found in your child's **Red Book**).

Please complete this form and return it with your child's registration details, however if you are unsure, please leave this section blank.

For your guidance we include the usual immunisation schedule together with the appropriate age at the immunisation should be given.

<u>IMMUNISATION</u>	<u>USUAL AGE GIVEN</u>	<u>DATE OF IMMUNISATION (month &amp; year)</u>
POLIO 1 DIPHTHERIA & TETANUS 1 WHOOPING COUGH 1 HIB 1 PREVENAR 1	8 WEEKS OLD	
POLIO 2 DIPHTHERIA & TETANUS 2 WHOOPING COUGH 2 HIB 2 MENINGITIS C 1	12 WEEKS OLD	
POLIO 3 DIPHTHERIA & TETANUS 3 WHOOPING COUGH 3 HIB 3 PREVENAR 2 MENINGITIS C 2	16 WEEKS OLD	
HIB/MENINGITIS C	12 MONTHS	
MEASLES, MUMPS AND RUBELLA (MMR) PREVENAR 3	FROM 13 MONTHS	
DIPHTHERIA & TETANUS (PRE-SCHOOL BOOSTER)	3 ¼ - 5 YEARS	
MMR2	3 ¼ - 5 YEARS	
SCHOOL LEAVERS BOOSTER	10 – 14yrs	