

NEW PATIENT FORM - CHILDREN UNDER SIX YEARS



GREAT WESTERN MEDICAL PRACTICE
Seafield Road, Aberdeen, AB15 7YT,
Tel. 0345 337 0540

PERSONAL DETAILS

Full Name _____

Date of Birth _____

Address _____

Postcode _____

Sex: Female
Male

Place of Birth _____

Parent/Guardian 1 Full Name _____

Parent/Guardian 2 Full Name _____

Parent/Guardian's Telephone numbers

Home _____

Mobile _____

Email _____

If you DO NOT wish to be added to the text reminder service, please tick here.

Which ethnic group do you belong to? – You are not obliged to complete this section

Please tick as appropriate

White Chinese Bangladeshi Black-African

Pakistani Indian Black Caribbean

I do not wish to give this information

Other – please state _____

Has your child had any of these illnesses?

Chickenpox	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Measles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mumps	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
German Measles (Rubella)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature _____

Date _____

Any serious illnesses, operations or other hospital attendances since birth.

Any allergies that you are aware of?

Please list any medication that the child is currently taking.

Name of Medication:	Strength:	Dose per day:

IMMUNISATIONS

Please list any other immunisations.

Immunisation:	Date:	Immunisation:	Date:

Age	What is Given	Vaccine	Date Given
Two months	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	Pediacel (one injection)	
	Pneumococcal (PCV)	Prevenar (one injection)	
Three months	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	Pediacel (one injection)	
	Meningitis C (Men C)	Menjugate, Neisvac C or Meningitec (one injection)	
Four months	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	Pediacel (one injection)	
	Pneumococcal (PCV)	Prevenar (one injection)	
	Meningitis C (Men C)	Menjugate, Neisvac C or Meningitec (one injection)	
Around 12 months	Haemophilus influenzae type b, Meningitis C (Hib/Men C)	Menitorix (one injection)	
Around 13 months	Measles, mumps and rubella (MMR)	Priorix or MMR II (one injection)	
	Pneumococcal (PCV)	Prevenar (one injection)	
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	Infanrix-IPV or Repevax (one injection)	
	Measles, mumps and rubella (MMR)	Priorix or MMR II (one injection)	
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	Revaxis (one injection)	

Please bring a copy of the immunisation record for our files (if available). NB Immunisations that do not follow the UK schedule may be charged on a private basis.

Preferred Pharmacy - All Prescriptions will be sent to your nominated Pharmacy.

Anderson and Spence
Albyn Pharmacy
Boots Mannofield
Boots Mastrick
Boots Garthdee
Boots Bon Accord
Boots Union Square
Bairds Pharmacy
Clear - Alford Place
Clear - Holburn Street
Cults Pharmacy
Davidsons

Dickies Summerhill
Ferryhill Pharmacy
Garthdee Pharmacy
Holburn Pharmacy
Kingswells
Lewis Road Pharmacy
Michies Rosemount
Michies Union Street
Peterculter Pharmacy
Robert Whitelaw-Waverly Place
Rowlands Cults
Rosemount Pharmacy
