

STATION ROAD SURGERY
69 STATION ROAD, SIDCUP

NEW PATIENT INFORMATION FOR CHILDREN

Dear Patient/Parent

We would like to take this opportunity to welcome you to Station Road Surgery.

In order to be registered at this practice please complete the attached forms:

1. GMS1 Form (purple form) signed and dated by parent - please also note on the form the Mothers name
2. New Patient Immunisation Form - please complete as much as possible for all children UNDER 5 - (except New Babies with no imms yet).

ONCE YOU ARE REGISTERED YOU WILL BE ABLE TO MAKE AN APPOINTMENT

Dr T A ELSEY
Dr R P MONEY
Dr B F S KNIGGE
Dr N G RAJU

STATION ROAD SURGERY
69 STATION ROAD
SIDCUP
KENT
DA15 7DS

Tel: 0208 308 4444
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NEW PATIENT IMMUNISATION FORM
IMMUNISATION RECORD

Can you please supply the DATES of any immunisations that your child has already had

Child's Name.....Date of Birth.....

<u>Diphtheria/Tetanus/Pertussis/Polio/Hib</u>	<u>Meningitis C</u>	<u>Meningitis B</u>	<u>Pneumococcal</u>	<u>Rotarix</u>
<u>AT 8 WEEKS</u>
<u>AT 12 WEEKS</u>
<u>AT 16 WEEKS</u>

AT 12 MONTHS

<u>Hib/Men C Booster</u>	<u>1st MMR</u>	<u>Pneumococcal Booster</u>	<u>Meningitis B</u>
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AT 3.5 YEARS TO 5 YEARS

<u>Pre-School Booster</u>	<u>2nd MMR</u>
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OTHER IMMUNISATIONS GIVEN

Name of Immunisation.....	Date Given.....
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