WELCOME TO THE ALMA PARTNERSHIP

To help us give you the best advice about your child's health, please could you complete this form while waiting to see the Doctor or Nurse

ABOUT YOUR CHILD		
Today's Date:		
Family name:		
First name:		
Date of Birth:		
Height:		
Weight:		
Child's Next of Kin:		**Tel:**
Relationship to child:		

School Attended: *(If your child is of school age)*	

Has your child had these routine immunisations?

Age of immunisation	Immunisations	Yes/No	Date if known
Primary course (given at 2, 3 and 4 months old)	Polio DTP-Hib (diphtheria, tetanus, pertussis, Hib) Meningitis C		
Around 13 months	MMR (measles, mumps & rubella)		
Pre-school (given at 3 to 5 years)	DTaP (polio, diphtheria, tetanus, acellar pertussis) MMR (measles, mumps and rubella)		
10 to 14 years (or as a baby)	BCG (tuberculosis)		
13 to 18 years	Diphteria, tetanus, polio		

FAMILY HISTORY

Has any blood relative of your child suffered from, before the age of 60, any of the following?

Cancer Yes ☐ No ☐

(Type:……..……..……Relationship to child:……)

Heart attack or Angina Yes ☐ No ☐

Stroke Yes ☐ No ☐

Raised cholesterol Yes ☐ No ☐

Asthma Yes ☐ No ☐

Diabetes Yes ☐ No ☐

PTO

Please list any past illnesses and operations your child has had

Date	Problem

Please list any tablets/medicines your child is currently taking

Name and strength	Dose

Please describe any allergies your child has had

Date	Medicine/other substance	Effect

Summary Care Record – Your allergies and any medicines you are taking will automatically be uploaded to the NHS spine unless you ask us not to by completing an opt-out form available on request.

Ethnic origin: Please tick the box below that best describes your ethnic origin. This information is used for statistical purposes only. If you do not wish to provide this, please tick the 'Information refused' box at the end of the list. Please also specify your first language.

First language (e.g. English) ..... Information refused ☐

Asian or Asian British	Black or Black British	Mixed	White	Other Ethnic groups
☐ Bangladeshi	☐ African	☐ White and Black Caribbean	☐ British	☐ Chinese
☐ Indian	☐ Caribbean	☐ White and Black African	☐ Irish	☐ Any other ethnic group _____
☐ Pakistani	☐ Any other Black background	☐ White and Asian	☐ Any other white background _____	
☐ Other Asian background _____		☐ Other mixed background _____		
☐ Information refused				

Parent/Guardian Signature: _____

Relationship to patient: _____

Date: _____