## Magnolia House- Health Database Information Please complete all sections in block capitals

All information provided will be treated as strictly confidential and used only to help your Doctors provide a better service, especially during the inevitable delay that accompanies the request for your detailed medical notes.

Full Name	Mr/Miss/Ms/Other				
Home Address	Home telephone				
	School telephone				
	School telephone				
Postcode					
Date of birth	1 <sup>st</sup> Spoken language				
Next of kin	2 <sup>nd</sup> Spoken language				
School	Interpreter Required?				
Height	Any Family History of serious illness?				
Weight	Family member				
Allergies	Stroke				
	Diabetes				
For pupils aged 15 & over only:	Hypertension				
Alcohol units per week	Asthma				
Smoking habits (please tick which applies)	Cancer				
Never smoked	Other				
Current Smoker per day					
Ex-smoker					
(date when stopped)					

Ethnicity

	<u> Zumerty</u>								
White		Mixed		Asian/Asian British		Black/Black		Other ethnic	
						British		group	
9i0	White	9i3	White/Black	9i7	Indian	9iB	Caribbean	9iE	Chinese
	British		Caribbean						
9i1	White	9i4	White/Black	9i8	Pakistani	9iC	African	9iF	Other
	Irish		African						
9i2	White	9i5	White &	9i9	Bangladeshi	9iD	Black	9iG	Not
	Other		Asian				Other		Stated
		9i6	Other	9iA	Asian Other				
			Mixed						

## **Immunisations**

Parents please fill in the template below with the dates of your child's vaccinations or bring in your Red Book and we will find the information there. Vaccination records must be complete prior to Registration. Thank you

	2	3	4	12-15	4 1/2	11	15	10
	Months	Months	Months	Months	Years	Years	years	Yearly
								Booster
Polio								
Diphtheria								
Tetanus *								
Whooping								
Cough								
Hib								
Meningitis C								
Pneumococcal								
MMR(Combined)								
Measles(single)								
Mumps (single)								
Rubella (single)								
Menitorix								
(Men C and Hib								
booster)								
Rubella				_				

<sup>\*</sup>Tetanus- Please state how many tetanus vaccinations you have had.

Adult Immunisation e.g. Travel

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I	Other: eg Travel- Please specify dates
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## **Child Protection**

One of the responsibilities passed on to your Doctors team by Central Government and the General Medical Council is to ensure the safeguarding of children who attend this practice. If we have child protection concerns regarding your child/ children we will always endeavour to discuss this with you first.