

# SOUTH LEWISHAM GROUP PRACTICE APPLICATION TO GO ON DOCTOR'S LIST

## CHILD AGED 8 WEEKS UP TO 6 YEARS

**\*\* (Please complete all of form using block capitals & you MUST bring in the ChildsHealth Book and birth certificate)**

SURNAME: \_\_\_\_\_

FORENAME(S): \_\_\_\_\_

FORMER SURNAME (IF APPLICABLE) \_\_\_\_\_

PARENT/CARER/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ TEL. NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX (M/F) \_\_\_\_\_ NHS NO. \_\_\_\_\_

PLACE OF BIRTH (TOWN AND COUNTRY) \_\_\_\_\_

ETHNIC ORIGIN: \_\_\_\_\_

**PREVIOUS ADDRESS**  
(last U.K. address where child was registered with a GP)

\_\_\_\_\_ Post code: \_\_\_\_\_

Name of previous GP \_\_\_\_\_

GP Address: \_\_\_\_\_

DATE CHILD FIRST CAME TO LIVE IN UK (IF APPLICABLE) \_\_\_\_\_

IF PREVIOUSLY RESIDENT IN UK DATE CHILD LEFT: \_\_\_\_\_

Imms given	Date Given	Not Given	Imms given	Date Given	Not Given
BCG (@ 0-4mths)		<input type="checkbox"/>	3 <sup>rd</sup> DIP/TET/ POLIO IPV & HIB (@4mths/16wks)		<input type="checkbox"/>
1 <sup>st</sup> DIP/TET/ POLIO IPV & HIB (@2mths/8wks)		<input type="checkbox"/>	2 <sup>nd</sup> PCV (@4mths/16wks)		<input type="checkbox"/>
1 <sup>st</sup> PCV (@2mths/8wks)		<input type="checkbox"/>	1 <sup>st</sup> MMR (@12mths) /3 <sup>rd</sup> PCV(@12mths)		<input type="checkbox"/>
1 <sup>st</sup> Rotavirus (@ 2 mths/8wks)		<input type="checkbox"/>	HIB/ MENC (@12mths)		<input type="checkbox"/>
Men B (@ 2mths/8wks)		<input type="checkbox"/>	Men B (@12mths)		<input type="checkbox"/>
2 <sup>nd</sup> DIP/TET/ POLIO IPV & HIB (@ 3mths/12wks)		<input type="checkbox"/>	2 <sup>nd</sup> MMR (@12mths)		<input type="checkbox"/>
2 <sup>nd</sup> Rotavirus (@ 3mths/12wks)		<input type="checkbox"/>	Pre-school Booster DTP/IPV (@3yrs 4mths)		<input type="checkbox"/>

(For Practice Use Only)

Initials of Accepting receptionist \_\_\_\_\_

Parent/Carer Registered @ SLGP: **YES/NO** Date: \_\_\_\_\_