

Details of children's illnesses & immunisations

Would you please give the names of all children who reside with you and are or will be members of this practice. It is particularly important that we have information about their previous immunisations and illnesses we would much appreciate it if you could fill this out as accurately as you can. Thank you for your help.

Child's surname:

First name:

Date of Birth:

1. Were there any problems during or immediately after birth?

2. Has your child suffered from any serious illnesses?

3. Is your child on any treatment?

4. Was your child immunised in Cardiff? YES/NO (please delete as necessary)
If not please state where immunised:

5. Is he/she fully up to date with these? YES/NO If NOT could you please give us an idea of which immunisations your child has received.
