

**Child Health Record  
New Patient registration details**

PLEASE WRITE CLEARLY AND IN BLOCK LETTERS (ONE FORM PER CHILD)

CHILD'S CURRENT DETAILS		CHILD'S PREVIOUS DETAILS	
Surname:		Surname:	
Forename(s):		Forename(s):	
NHS No:	D.O.B:		
Current Address:		Previous Address:	
Temp/permanent ( delete as applicable)		Temp/permanent (delete as applicable)	
Post code:	Tel.No.	Postcode:	
GP Practice: Name:	Name of School:	GP Practice: Name:	Name of School:
Address:		Address:	
PARENT/CARER DETAILS			
Surname	Forename(s)	Date of birth	Relationship to child

Please turn over and complete Immunisation details

### Immunisation record

Routine Childhood Immunisations	Age usually given	Date Given			Please indicate if Declined with reason
1 <sup>st</sup> Diphtheria, tetanus, pertussis, polio and Hib	2 months				
Pneumococcal (PCV)					
2 <sup>nd</sup> Diphtheria, tetanus, pertussis, polio and Hib	3 months				
Meningitis C (Men C)					
3 <sup>rd</sup> Diphtheria, tetanus, pertussis, polio and Hib	4 months				
Meningitis C (Men C)					
Pneumococcal (PCV)					
Hib/ Men C (Menitorix)	Around 12 months				
1 <sup>st</sup> MMR (Measles, Mumps, Rubella)	Around 13 months				
Pneumococcal (PCV) booster	Around 13 months				
2 <sup>nd</sup> MMR	3 years 4 months approx.				
4 <sup>th</sup> Diphtheria, tetanus, pertussis, polio (Pre School Booster)					
Human Papillomavirus vaccine (HPV)	Females only 12 -18 years	1st	2nd	3rd	
5 <sup>th</sup> Diphtheria, tetanus, polio (School leavers booster)	13 – 18 years				

NON ROUTINE VACCINES	Date given				
Mantoux test	Result:				
BCG					
Meningitis C					
Hib Booster (Haemophilias Influenza B)					
Hepatitis B	1 <sup>st</sup>	2nd	3rd	4th	5th

Other Vaccines received /Other Information.

Aged UNDER 2	Yes	No	Blood spot test	Yes	No
Neonatal hearing test	Date:			Date:	

HV/CYPN/PN Name..... Date: .....

Signature.....Tel: .....

**Please return this form to:**

Child Health Department – South	Child Health Department - North
Northampton General Hospital NHS Trust Cliftonville Northampton NN1 5BD Tel: 01604 544524 / 544525 / 544601 Fax: 01604 544554	IM&T Directorate Northamptonshire Healthcare Foundation Trust St Mary's Hospital London Road Kettering Northants NN15 7PW Tel: 01536 494717 / 01536 494721 / 01536 494716 Fax: 01536 493088

Date form received in Child health:.....