

**Dysart Surgery  
 Childs New Registration/Change of Address**

Child Health Department  
 Global House, 10 Station Approach, Hayes, Kent BR2 7EH  
 020 8315 8916

Your named GP is:

Childs Surname:

Childs Forenames:

Date of Birth:

Address:

Home Telephone:

Mobile (Mother/Father/Carer):

Work:

Email address:

Childs school (circle):    Pre-school                                  Primary school                                  Pre-school  
 School Name: \_\_\_\_\_

Name & address of previous GP: \_\_\_\_\_

Allergies: \_\_\_\_\_

Childhood Immunisations:

	Insert date given	Circle one	
DTaP/IPV/Hib	<input type="text" value="1&lt;sup&gt;st&lt;/sup&gt;"/>	GP surgery	Community Clinic
(Diphtheria/Tetanus/Whooping cough	<input type="text" value="2&lt;sup&gt;nd&lt;/sup&gt;"/>	GP surgery	Community Clinic
& Oral Polio,Hib)	<input type="text" value="3&lt;sup&gt;rd&lt;/sup&gt;"/>	GP surgery	Community Clinic
Meningitis C	<input type="text" value="1&lt;sup&gt;st&lt;/sup&gt;"/>	GP surgery	Community Clinic
	<input type="text" value="2&lt;sup&gt;nd&lt;/sup&gt;"/>	GP surgery	Community Clinic
	<input type="text" value="3&lt;sup&gt;rd&lt;/sup&gt;"/>	GP surgery	Community Clinic
MMR (Measles, Mumps, Rubella)	<input type="text" value="1&lt;sup&gt;st&lt;/sup&gt;"/>	GP surgery	Community Clinic
	<input type="text" value="Booster"/>	GP surgery	Community Clinic
Pre-school Booster ( Diphtheria / Tetanus)	<input type="text"/>	GP surgery	Community Clinic

Mother's full name & phone number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Previous address: \_\_\_\_\_

Previous medical history	COPY TO HEALTH VISITOR TICK <input type="checkbox"/>
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For surgery use: read codes

carer has child responsibility = 13Wb

mother & father have child responsibility = EMISNQM0123

Mother has sole child responsibility = EMISNQM0122

Father has sole child responsibility = 13Wc

Pre-school = 13Z40

Primary school = 13243

Secondary school = 13Z44