



# Liberton medical group

Today's date

First name

Surname

Address

Date of birth:

Postcode

Telephone no.

Who is their parent / Guardian?

Name:

Any operations or serious illnesses?

Have they ever had:

Ear Grommets inserted?

Yes

No

Their appendix removed?

Yes

No

Tonsils or adenoids removed?

Yes

No

Chickenpox?

Yes

No

Are they taking any medication?

Name

Dose

How often?

Do they have any allergies?

Immunisations:

Is your child fully immunised for his / her age?

Yes

No

If "no" what immunisations have they NOT had?

Are there any illnesses that run in your family?

To be completed by the Doctor / Practice Nurse

Height

BMI

Weight

Urinalysis

Action:

Data in GPASS?

Referred to GP?