

**The St. James Practice
New Born Registration Questionnaire**

Religion : Buddhist Christian Hindu Jewish Muslim

Sikh Other None

IF OTHER , please state:

ETHNIC GROUP: which ethnic group do you feel you belong to?: (please tick ✓ the appropriate box)

		Baby	Mother	Father
White:	White British			
	Irish			
	Other White (please specify)			
Mixed:	White & Black Caribbean			
	White & Black African			
	White & Asian			
	Other Mixed (please specify)			
Asian/British Asian	Indian			
	Pakistani			
	Bangladeshi			
	Other Asian (please specify)			
Black of Black British	Caribbean			
	African			
	Other Black (please specify)			
Other Ethnic Categories:	Chinese			
	Any other (please specify)			

The St James Practice
 St James Health Centre
 St James Street, Walthamstow
 London E17 7NH
 Tel: 0208 430 8300

IMMUNISATIONS

Date

Child's Name:	Date of Birth :
The Parent / Carer of :	
Mother's Name	
Father's Name	

Dear Parent / Carer

Welcome to the St James Practice. We hope that you will be happy with the care we provide for your family.

To contact your Health Visitor, please telephone 0208 430 7612 and they will make an appointment to meet with you and your children.

Please complete as many of the following questions as you can relating to your child

IMMUNISATIONS: (please bring your child's RED BOOK with this form)

BCG: (T.B.) :

Diphtheria / Tetanus / Pertussis (Whooping Cough) / Hib / Polio

1 st :	2 nd :	3 rd :
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Pneumococcal

1 st :	2 nd :	3 rd :
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Meningitis C

1 st :	2 nd :
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Hib/Meningitis C Booster :

MMR (Measles/ Mumps/ Rubella) 1st Dose:

Pre-School Booster :

Diphtheria / Tetanus /Polio :	
MMR 2 nd Dose :	

Any other immunisations:

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