

CHILD

SUMMARY OF TREATMENT CARD

Surname:	Forename(s):
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Address:

N.H.S. Number:	Date of Birth:
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Telephone. No:

Parents' Surname (if different):

MARRIED / SEPARATED / WIDOWED / OTHER

Father's Occupation:

Mother's Occupation:

Family History	Age if Alive	Any Serious Illness	Age at Death	Cause of Death
Father				
Mother				
Brothers				
& Sisters				
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Are there any other diseases in the family? YES/NO

Please give details:

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Year Past serious illnesses, operations or accidents:

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Any present illness:

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Medicines being taken:

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Drug allergies:

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Other allergies:

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Previous Immunisations:

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Name of last doctor:

Address:

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Signature of Parent/Guardian: