



St Stephens Gate Medical Practice

Dr Tess Cafferty Dr Karen Heaton Dr Frances Scouller
 Dr Alan Gall Dr Richard Larsson Dr Jeanine Smirl
 Dr David Goldser Dr Andrew Pyper

Thank you for registering with this practice
 Please will you complete this form so that we can inform the Health Visitor

Date: General Practitioner:

Surname: Other Names:

Former Address: Present Address
 Is this a temporary address – YES/NO

Postcode: Postcode: Tel: No

Previous GP: GP Address:

Previous Health Visitor (if known)

ADULTS in Family:

Name:	Date of Birth:

CHILDREN in Family:

Name:	Sex	DOB	Previous School/Nursery	Present School/Nursery	Any Special Needs YES/NO

Dates of previous immunisations				Child Health Surveillance		
	Primary Course			Pre-school Booster		
	1	2	3		BCG	
Diphtheria					Measles	
Tetanus					MMR	
Pertussis						
Polio					* If dates unknown please tick courses given	
HIB					Appointments are required for child Health Surveillance YES/NO	
Meningitis C						
Please specify any vaccinations this child should not have						