KOPILA

Kopila Pediatric Health Centre

New Patient Registration Form

Title: Miss/ Master / other: _____

Gender: ☐ Male ☐ Female

First Name: _____ **Surname:** _____

Known As: _____ **Date of Birth**____ /____/____

Insurance ☐ Nepal ☐ Foreign ☐ Neither

Cultural & Ethnic Background: ☐ Nepalese ☐ Other_____

Country of Birth: ☐ Nepal ☐ Other:_____If Born Overseas, Date of Arrival in Nepal_____

Referred BY: __ __ __ __ __ __ __ __ __ __ __ __

PARENT'S:

MOTHER'S First Name: _____ Surname: _____

Address: _____ Phone Number: _____

Email Address: _____ Occupation: _____

FATHER'S First Name: _____ Surname: _____

Address: _____ Phone Number: _____

Email Address: _____ Occupation: _____

NEXT OF KIN (GUARDIAN): ☐ Same as Parent/Guardian

First Name: _____ Surname: _____

Phone Number: _____ Relationship to Patient:_____

How did you hear of us? ☐ Recommendation ☐ Passing by ☐ Other doctor
☐ Google ☐ Word of Mouth ……

Medical History

ALLERGIES:

Do you / Does your child have any known allergies or sensitivity to drugs or dressings?

☐ **No**. ☐ **Yes**. Please elaborate:

Drug, Dressing or Substance	Reaction (e.g. rash, hives, wheeze, shortness of breath, anaphylaxis)

PAST MEDICAL HISTORY:

Do you / Does your child have or a history of the following? (Please elaborate)

Surgeries ……
Asthma ……
Diabetes ……
Hypertension (High Blood Pressure)……
Other ……

You / Your child's Current Medications :

Please list all current medications, doses and frequency of use including over the counter medications, vitamins and minerals:

……

IMMUNISATIONS:

Is your / your child's immunisations up to date? ☐

Yes ☐ No (List the date where appropriate)

BCG	☐Yes.	☐ No.	☐ Don't know.
DTaP / POLIO / HIB/ Tdap	☐Yes	☐ No.	☐ Don't know.
Hepatitis A/ Hepatitis B	☐Yes.	☐ No.	☐ Don't know.
Rotavirus	☐Yes.	☐ No.	☐ Don't know.
Pneumococcal	☐Yes.	☐ No.	☐ Don't know.
Typhoid	☐Yes.	☐ No.	☐ Don't know.
Influenza	☐Yes.	☐ No.	☐ Don't know.
Measles, Mumps, Rubella	☐Yes.	☐ No.	☐ Don't know.
Meningococcal	☐Yes.	☐ No.	☐ Don't know.
Rabies	☐Yes.	☐ No.	☐ Don't know.
Japanese Encephalitis	☐Yes.	☐ No.	☐ Don't know.
Varicella / Shingles	☐Yes.	☐ No.	☐ Don't know.
HPV	☐Yes.	☐ No.	☐ Don't know.

Consent for Immunization:

Kopila offers various immunization for children and adult against diseases as per immunization schedule recommended by CDC (USA) and EPI, WHO for Nepal. It is recommended to immunize yourself / your child against these life threatening diseases.

I CONSENT TO RECEIVING IMMUNIZATION FOR ANY OF THE MISSIING VACCINES LISTED ABOVE.

SIGNATURE ……