ended New Baby Registration Form March2020

The Devonshire Lodge Practice New Baby Registration Form Welcome to our surgery. Please complete this form clearly in capital letters using black ink and return to the surgery with the baby's National Health Service Number and Birth Certificate

Personal Details		
Title: Mr / Miss	_ Date of Birth	Sex
Forename	Surname	
Religion	_ Town & Country	y of birth
NHS Number		
Contact Details		
Address		
		Post Code
Home Phone		
Preferred Phone number to contact on:		
You may receive text/e-mail reminders for	your appointment	s from the surgery. If
you do not wish to receive these texts plea	se tick ε	e-mail alerts □
Parents and Carers Details Parent 1	Phone	e number
Address		
Parent 2	Phone n	umber
Address		
Carer's name (if applicable) Phone number		
Address		
Can both Parents / Carers have access to If Not please state reasons:	Medical Records?	? Yes / No
Emergency Contact Details		
Name Relations	snip	Phone No
Siblings Please give details of the other children in	the house	
Name		Date of Birth

Ethnic Origin

In compliance with the Race Relations (Amendment) Act 2000 and its Race Equality Scheme, any new patient registrations are requested to complete this section. Please tick as appropriate to indicate your ethnic origin

British	African	Bangladeshi	Chinese	
Mixed British	Caribbean	Indian	Other White	
Irish	Other Black	Pakistani	Other Mixed	
Polish		Sri Lankan		
Other European		Any other ethnicity Please state		

Please state your first Language

Summary Care Record

I confirm I have received and understood information regarding Summary Care Record and (please tick approriate box) :-

- o Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reaction AND additional information
- o Express dissent (opt out) I do not want a Summary Care Record

Jame	Relationship
------	--------------

(Please sign) _____

Thank you for taking time to fill out the questionnaire