

[www.elmhousesurgery.com](http://www.elmhousesurgery.com)

**NEWBORN BABIES (Up To 8 Weeks Old) – Registration Form**

This form can be completed on-line or printed and completed by hand.

If completed by hand, please use **BLACK INK & CAPITAL LETTERS**

**Please provide us with your child’s NHS number or Red Book to help with this registration. Thank you.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Baby’s Surname** |  | | | | | **NHS Number:** | | |  | | | | |
| **Baby’s First Names** |  | | | | | | | | Male |  | | Female |  |
| **Baby’s Date of Birth** |  | | Place of Birth/  Name of Hospital | | | |  | | | | | | |
| Main spoken language |  | | | | | | Ethnicity\* | | | | | | |
| Mother’s Full Name | \*For Equal Opportunities Monitoring | | | | | | | | | | | | |
| Mother’s Date of Birth |  | | | | | | | | | | | | |
| Was baby premature? | Yes | No | | By how many weeks? | | | |  | | | | | |
| Home Telephone No. |  | | | Mobile No.† | | | |  | | | | | |
| Email Address† |  | | | | | | | | | | | | |
| **†** By providing your email address and mobile phone number you consent to us contacting via these methods. If you do not want to be contacted in this way please tick the relevant box. Please do not contact me via Email 🞎 Mobile Phone 🞎 | | | | | | | | | | | | | |
| Baby’s Other Next of Kin Name |  | | | | Relationship (e.g. Biological father or other guardian) | | | | | | | | |
| Next of Kin Telephone Number |  | | | | Interpreter Required? | | | | Yes | | No | | |
| *Please note that this practice is signed up to the Summary Card Record (SCR) system and submits data to the NHS care data scheme. If you wish to opt out please ask reception for details on how to opt out. Please see our website for further details.* | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **FAMILY HISTORY** | | | |
| **Family History** – Please tick or cross (X) if there is **any history** of the following conditions found in your family: | | | |
|  | **Yes** | **No** | **Family Member (E.g. Mother, Father, Sister, Brother)** |
| Asthma |  |  |  |
| Diabetes |  |  |  |
| Stroke |  |  |  |
| Breast Cancer |  |  |  |
| Angina or Heart Attack in a relative aged over 60 |  |  |  |
| Angina or Heart Attack in a relative aged under 60 |  |  |  |