

# NORTHAM SURGERY New Born Registration Form

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED.  
WE WILL NOT BE ABLE TO REGISTER YOUR BABY IF THEY ARE LEFT BLANK.

**Full names:**..... **Preferred name:**.....

**Previous surname:**..... **NHS number:**.....

We will ask for your NHS number to identify you when you book appointments etc

**Date of birth:**    /    /    **Sex:** Male    Female    **Town / country of birth:**.....

**Ethnicity:**

<b>White:</b> British, Irish, Scottish Other white.....	<b>Mixed:</b> White and Black Caribbean White and Black African, White and Asian Other Mixed.....	<b>Asian or Asian British:</b> Indian, Pakistani, Bangladeshi Other Asian.....
<b>Black or Black British:</b> Caribbean, African Other black.....	<b>Chinese or Chinese British:</b> .....	<b>Other Ethnic group:</b> .....

**Language:**.....

**Home address:**.....

..... **Post code:**.....

**Telephone number:**..... **Mobile number:**.....

## Parents / Guardians details

**Mothers name:**..... **Are they registered at Northam?** YES / NO

If no, please provide contact number:.....

**Fathers name:**..... **Are they registered at Northam?** YES / NO

If no, please provide contact number:.....

**Guardians name:**..... **Are they registered at Northam?** YES / NO

If no, please provide contact number:.....

Please note that when we register a child under 5 years old we automatically register them with a health visitor. If you do not wish your child to be registered with a health visitor please tick here

**Signature of Parent / Guardian:**.....

**Date:**.....

## Summary Care Record

Patients under 16 years old will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**