**Congratulations on the recent birth of your baby.**

Enclosed is a Registration form and ethnic origin questionnaire. It is important for your baby to be registered with a doctor as soon as possible.

We would be grateful if you would fill in these forms with your baby’s details and return them to the surgery. To be able to join the practice we will need you to **include the NHS Number** (this can be found in the front of your red book)

**Lakes Baby Clinic** (ring to make an appt) **Maples Baby Clinic** (ring to make an appt)

Every Tuesday 11.30am – 12.30pm Every Thursday 9.15am – 10.30am

This will enable you to arrange for your baby’s eight week check by the GP and immunisations.

Yours sincerely

Maples/Lakes Medical Centre

**OFFICE USE ONLY:**

Today’s Date:

Received by:

Pt allocated GP:

Pt informed of GP:

**The Maples & Lakes Medical Centre**

**Baby New Patient Registration Form**

Please complete this confidential questionnaire in BLOCK CAPITALS.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | | | **Forename:** | | | |
| **Miss / Master / Other……..** | |  | | | **NHS Number (If Known)** | | |  |
| **Address and Postcode** | | | | | | | **Name of Next of Kin:** | |
| **Next of Kin Contact Number:** | |
| **Date of Birth:** | **Gender** | | **Male:** | | | **Female:** | **Town & Country of Birth** | |
| **Other residents at the home:** | | | | | | | | |
| **Previous Address (if applicable)** | | | | **Previous Doctor Name & Address (if applicable)** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Religion:** | **C of E** | **Catholic** | **Other Christian (state)** | **Buddhist** | **Hindu** | **Muslim** |
| **Sikh** | **Jewish** | **Jehovah’s Witness** | **No religion** | **Other religion (state)** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Origin:**  **(select one)** | **White (UK)**  **9i0** | **White (Irish)**  **9i1%** | **White (Other)**  **9i2%** |
| **Caribbean**  **9i3** | **African**  **9i4** | **Asian 9i5** | **Other Mixed**  **Background 9i6%** |
| **Indian /**  **Brit Indian 9i7** | **Pakistani /**  **Brit Pakistani 9i8** | **Bangladeshi / Brit Bangladeshi 9i9** | **Other Asian**  **Background 9iA%** |
| **Other Black**  **Background** | **Chinese**  **9iE** | **Other**  **9iF%** | **Ethnic Category**  **not stated 9iG** |

|  |  |
| --- | --- |
| **Medical Background:** | |
| **Any illness since birth?** |  |
| **Any operations?** |  |
| **Any ongoing medical problems at present?** |  |
| **Any medications or treatments that are ongoing?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are there any**  **serious diseases that affect your Parents, Brothers or Sisters**  **(tick all that apply)** | **Diabetes** | **Heart Attack** | **Heart attack under age of 60** | **Bowel Cancer** | |
| **Breast Cancer** | | **High Blood Pressure** | **Asthma** | **Stroke** |
| **Thyroid Disorder** | | **Any other important Family Illness?** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What immunisations have you had? (please tick all that apply)** | **Diphtheria** | **Measles** | **German Measles** | **Tetanus** | **Polio** | **MMR** |
| **Whooping Cough** | | **Pre-school booster** | **Triple vaccine (Diphtheria,**  **Tetanus & Pertussis) –**  **3 doses** | | |
| **BCG** | | **Any other** |  | | |

|  |  |
| --- | --- |
| **Signature on behalf of Patient:** |  |

**Data Sharing**

We may have to share your child’s information, subject to strict agreements on how it will be used, with the following organisations, or receive information from the following organisations:-

* NHS Trusts / Foundation Trusts
* GP’s
* NHS Commissioning Support Units
* Independent Contractors such as dentists, opticians, pharmacists
* Private Sector Providers
* Voluntary Sector Providers
* Ambulance Trusts
* Clinical Commissioning Groups
* Social Care Services
* NHS Digital
* Local Authorities
* Education Services
* Fire and Rescue Services
* Police & Judicial Services
* Other ‘data processors’ (which you will be informed of)

You will be informed who your child’s data will be shared with and in some cases asked for explicit consent.

We may also use external companies to process personal information, such as for archiving purposes. These companies are bound by contractual agreements to ensure information is kept confidential and secure.

**Thank you for completing this form on behalf your new baby.**

***For more information about the services we offer, please refer to your new patient pack  
 or see our websites www.maplesmc.co.uk and www.lakesmc.co.uk***