



# Baby Registration Form

The White Horse Medical Practice

This information will remain strictly confidential.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Town + Country of Birth: \_\_\_\_\_

Sex: **Female / Male** NHS Number: \_\_\_\_\_

Any complication at the birth of your child that the GP should be made aware of: \_\_\_\_\_

## Parent(s) / Guardian Details

1) Full Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you registered here at The White Horse Medical Practice yourself? **YES / NO**

2) Full Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you registered here at The White Horse Medical Practice yourself? **YES / NO**

### If you need your doctor to dispense medicines and appliances

We live more than 1 mile in a straight mile from the nearest chemist

We would have serious difficulty in getting them from a chemist

**Ethnic origin & Language** – please indicate which ethnic group your child belongs to and the main language that will be spoken. This is important information to help us understand better the health needs of our patients.

White	British Any other white background (please specify)	
Mixed	Any mixed background (please specify)	
Asian	Indian Pakistani Bangladeshi Chinese Any other Asian background (please specify)	
Black	Caribbean African Any other Black background (please specify)	
Other ethnic background	Any other background (please specify)	
<b>Language Spoken</b>	English	Other (please specify)