

Gamston Medical Centre - New Baby Registration

Full Name

Date of Birth

NHS number:

Male / Female (Please circle)

Mothers Name:

Address:

Mobile:

Home:

Preferred method of Communication

- Letter
- Email
- SMS text

First Language:

Second Language:

Ethnic Origin: please tick most appropriate

White - British	
White - Irish	
Other White Background	
Mixed - White & Black Caribbean	
Mixed - White & Asian	
Other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Other Asian background	
Black or Black British - Caribbean	
Black or Black British - African	
Other Black background	
Chinese	
Other Ethnic background	
I don't want to give this information	

Enhanced data sharing model (EDSM): this enables records held at Gamston Medical Centre to be made available for healthcare professionals involved in your child's care. This includes health visitors, hospitals, emergency services and anyone involved in your care

I WISH TO SHARE

I DO NOT WISH TO SHARE

Name of Parents who have parental responsibility:

Mother:

Father:

Signed By Parent or Carer:

Date:

Dr L Kandola is the accountable GP for patients of the Gamston Medical Centre