BURWELL SURGERY NEW BABY and UNDER 16 QUESTIONNAIRE

Surname	First Name

Date of Birth

Who has parental responsibility for this child as recorded on the birth certificate?	
Mother's Name	**Address if Different to Childs**
Father's Name	**Address if Different to Childs**
Contact Details: **Would you be happy for the surgery to send you text messages, eg appointment reminders? Y / N** **Mobile Number: ……..**	

Please bring the birth certificate with you when you return the registration

Do you have a nominated Pharmacy? YES/NO
If yes, please provide details, including address of Pharmacy:

Current Medical Problems

Current Medicines

Allergies

Vaccination History

Ethnic Origin: **or other, please specify ……..**
White British ☐ **(if not sure, please ask at reception)**

First Language if not English……

School Attending……..

Has this child had support from Social Services at any time? YES/NO

To be completed by surgery:-	
Long Birth certificate: ☐	**Seen & photocopied by ……..** **Date ……**