

Cherrymead Surgery New Baby Registration Form

Please complete this confidential questionnaire

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Full Name:	Mr/Miss/Other		
Mother's Full Name (if different):			
Address and Postcode	Telephone Number		
	Town & Country of Birth:		
	Date of Birth:		
	Gender:	Male:	Female:
	NHS Number (If Known):		

Your Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)	

Your 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

<i>Signature on behalf of Patient::</i>		<i>Capacity (please state i.e. mother, father)</i>	
---	--	--	--