

Surgery Registration Application

Please complete all applicable details in BLOCK CAPITALS on behalf of your baby & speak to Reception if you require any assistance.

Full Name:	Date of birth:
Address:	
Home Phone Number:	Parents Mobile Phone Number:
Next Of Kin Name:	Parental Responsibility Name:
Number	Number:
Ethnicity: Please tick as appropriate	
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Chinese <input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other	
Main language spoken _____ Translator required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent To Hold Your Records The Practice needs to hold your medical records on the premises in order to give you the best medical care possible. We keep your records on the computer as well as holding your paper notes. All of our patient's medical records are covered by the Data Protection Act 1998. This means that a third party cannot access your records without your written consent. We may use your mobile phone to contact you for appointments reminders and cancellations, health promotions, surgery updates and surveys. If you did not wish to participate please tick the box and we shall opt you out of these preferences <input type="checkbox"/>	
Preferred Method of Contact Please inform us of your preferred method of contact by circling your choice below: LETTER EMAIL SMS NO COMMUNICATION	
Summary Care Record Your summary care record is an electronic record of important information about your health and is available to healthcare staff providing your NHS care in England, for example in A&E. This means if you ever become ill and need urgent or out of hours treatment outside of the surgery the clinicians that treat you will have immediate access to important healthcare information about you. The information included in your summary care record is your current medication, allergies you suffer from and any bad reactions to medications you have experienced. If you do not want this to happen then please ask reception for an Opt Out Form	
SIGNATURE _____	DATE _____