



NEW BABY REGISTRATION FORM

PLEASE COMPLETE FORM IN CAPITAL LETTERS

All Sections **MUST BE** completed to enable prompt registration to the Practice as a patient

SEX: MALE / FEMALE / OTHER

Patient No:.....

TITLE: Master / Miss

DATE OF BIRTH:..... PLACE OF BIRTH:.....

NATIONALITY:..... ETHNICITY:.....

SURNAME:..... FIRST NAMES:.....

ADDRESS:.....

..... POST CODE:.....

INSURANCE STATUS:(eg BUPA, Foresters, Oddfellows, PPP, WPA etc).....

INSURANCE SCHEME NUMBER:.....

GY HEALTH BENEFIT NUMBER: ...GY.....

IS THE CHILD ALLERGIC TO MEDICATION: YES / NO If YES, which type of medication:.....

DOES THE CHILD HAVE ANY ALLERGIES: YES / NO If YES, list allergies:.....

NAME OF DOCTOR YOU WOULD LIKE TO REGISTER BABY WITH:.....

FULL NAME OF MOTHER:..... FULL NAME OF FATHER:.....

WORK NUMBER:..... WORK NUMBER:.....

MOBILE NUMBER:..... MOBILE NUMBER:.....

HOME TELEPHONE NUMBER:..... HOME TELEPHONE NUMBER:.....

I understand that the Practice has the right to accept or decline this application.

I agree to pay for all treatment given by the Practice at the time of treatment. Failure to do so may result in recovery of outstanding debt being passed on to a third party for recovery of the debt on the Practice's behalf. No medical information would be passed over to the third party recovery agent.

I agree that the Practice may disclose personal details and details of medical records regarding both myself and my dependants to all those involved in providing me/them with healthcare and related services both inside and outside the Practice.

Please see IslandHealth's Privacy Notice in relation to any of your data we may hold.

SIGNATURE OF PARENT/GUARDIAN:..... DATE:.....

UPON COMPLETION, PLEASE RETURN THIS FORM TO EITHER OF THE SURGERIES BELOW

L'Aumone Surgery tel: 256517

St Sampson's Medical Centre tel: 245915

Town Surgery, Frances House tel:724747

For Office Use Only:

Date Received.....Received By:.....9344.....Med Rec..... Copy to A/c's.....

Registered on Computer By.....Registration Book.....Scanned.....

