

Severnbank Surgery

Tutnalls Street, Lydney,
Gloucestershire GL15 5PF
Tel 01594 845715 Fax: 01594 845637



NHS First Registration of New baby

EMIS Number:

Patient's details

Mr Miss

Surname.....

Previous Surname.....

Date of birth.....

First Names.....

NHS Number.....

(Known as.....)

Town & Country of birth..... Male Female

Please provide a copy of the FULL birth certificate

Home address.....

Post code..... Telephone number.....

Mobile..... I give consent for Severnbank Surgery to contact me
via my mobile and agree to notify them of any number change x.....

Ethnic Group

- | | | | |
|-------------------------------|--------------------------|---------------------------------|--------------------------|
| British/mixed British | <input type="checkbox"/> | Bangladeshi/British Bangladeshi | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Indian / British Indian | <input type="checkbox"/> |
| Other white background | <input type="checkbox"/> | Other Asian background | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Other mixed background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other white background | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Ethnic category not stated | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> |
| Pakistani & British Pakistani | <input type="checkbox"/> | Other | <input type="checkbox"/> |

First Language

Next of kin (Name and contact tel no)

Address (If Different than above)

I agree to this information being held on my child's records. (This practice has registered under the General Data Protection Regulation (GDPR) (EU) 2016/679

Signature on behalf of patient Date.....

PATIENT INFORMATION SHARING AND CONSENT

All information you give to a member of the practice team is safeguarded by the General Data Protection Regulation (GDPR) (EU) 2016/679 and the NHS Care Record Guarantee. At all times, everyone working for the NHS has a legal duty to keep information about you confidential. However, information is sometimes shared where it is absolutely necessary to support your care or to help improve the service provided by the NHS. **You have a choice about whether your information is shared and for what purpose.** Please tick the boxes below to tell us what your choices are.

<p>Summary Care Record</p> <p>A Summary Care Record contains information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.</p>	<p>Yes- a record will be created for you, but you can opt-out at any time.</p>	<p>No</p>
<p>Do you want a Summary Care Record?</p>	<p>Yes- <input type="checkbox"/></p>	<p>No- <input type="checkbox"/></p>

Administration Section Only

Eight weeks Age Date :.....

Eight Week Check Appointment Booked: **Yes** **No**

Appointment Date/Time:

FOR OFFICE USE ONLY

Allocated/Named GP:

Patient EMIS Number:

New patient check offered: Y N

NPC offered 90W7 *Declined 90W2*

Appointment booked: Date.....Time.....

Identity Verified: *ID Verified 91B2 Type of verification*

Prescription Destination

Previous Prescription Destination removed (if applicable)-

New Prescription Destination added (if applicable)-