

Pembroke Surgery

New Patient Registration Form - Births

Today's Date:

Please complete this confidential questionnaire.

Please complete a separate form for each family member to be registered.

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

Full Name:				Date of Birth:		
Address and Postcode						
NHS Number:						
Gender:		Male:		Female:		
Mother's Name:				Date of Birth:		
Mr / Mrs / Miss / Ms / Other.....				Home Number		
Email Address:				Mobile Number:		
				Work Number:		
Father's Name:				Date of Birth:		
Mr / Mrs / Miss / Ms / Other.....				Home Number		
Email Address:				Mobile Number:		
				Work Number:		
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 British	White Irish	White Other			
Black Caribbean	Black African	Mixed White/Caribbean	Mixed White/Asian			
Indian	Pakistani	Bangladeshi	Other Asian Background			
Other Black Background	Chinese	Mixed White/Black African	Other Ethnic Group (state)			
Your main or 1st language Spoken / Understood: (select one)	English	Hindi	Gujurati	Urdu	Bengali	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please specify)	

THIS FORM IS TO IDENTIFY IF YOUR CHILD REQUIRES IMMUNISATION AGAINST TUBERCULOSIS (BCG)

One form to be completed for every child/young person please. To be completed for all young persons aged under 16 years who are registering.

This information WILL NOT be used for any other purpose.

Has your child been immunised against Tuberculosis (BCG)? Please tick ✓ Yes No

If **YES** please give the date of immunisation

Was the child born in the UK? ✓ Yes No

If **NO** please **PRINT** the country where the child was born

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Were either of the child's parents born outside the UK? Please tick ✓ Yes No

If **YES** please **PRINT** which country the parent/s was/were born in

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Were any of the child's grandparents born outside the UK? Please tick ✓ Yes No

If **YES** please **PRINT** which country they were born in

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Has there been a case of TB in the family in the last 5 years ? Please tick ✓ Yes No

If **YES** please confirm if your child was tested for TB at that time Yes No

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