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***Office Use Only***

***Form taken by:***

***All fields completed?***

***Birth Certificate Copied:***

***Registration form passed to?***

***Have parents been advised they will be contacted to book for baby immunisations?***

**New Baby Patient Registration**

***PLEASE NOTE ALL FIELDS MUST BE COMPLETED AS INCOMPETE FORM WILL NOT BE ACCEPTED AND YOU WILL NOT BE REGISTERED.***

**About you**

Title:…………… Forename: …………………………………… Middle Name(s): …………………..……………………Surname…………………………….

Date of Birth (dd/mm/yyyy): ………………………...................Gender: ………………………………………………………………………………………….

**Contact Information**

Address:…………………………………………………………………………………………………………………………………………………………………………………

Telephone: …………………………………………………………………………. Mobile: …………………………………………………………………………………

Email: …………………………………………………………………………………………………………………………………………………………………………………..

**Parents Details**

Mothers Name:………………………………………………………….. Date of Birth……………………………………………………………...

Fathers Name:……………………………………………………………. Date of Birth: …………………………………………………………….

**Ethnicity**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **British or mixed British** |  | **Pakistani** |  | **Irish** |  | **Bangladeshi** |  | **Chinese** |  | **African** |  | **Caribbean** |  | **Indian** |  |
| **Other** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Do you follow a religion (please give details if so)?.....................................................................................................................

Which country were you born in?.................................... (if UK which Hospital) ……………………………………………………………….

If out of the UK date of entry?...............................................

What is your main language?................................. Do you need an interpreter? Yes/No - if yes what Language?.....................

**Summary Care Record (SCR)**

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had it will also include basic information about your current diagnoses. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

**For more information**: Phone 0300 123 3020 or visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

I do not wish to have a Summary Care Record (N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.) **I wish to opt out of SCR**

**Electronic Prescribing Service (EPS)**

The EPS allows prescribers – such as GPs and practice nurses to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient’s choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. The NHS aim that by 2020 they will hopefully be paper free or a paper-lite service. To help achieve this The As a practice, we would encourage all patients to opt for electronic prescribing.

 **I DO** give consent for my prescriptions to be sent electronically to the pharmacy

 **I DO NOT** give consent for my prescriptions to be sent electronically to the pharmacy

Nominated pharmacy……………………………………………………………………………………

Address………………………………………………………………………………………………… Postcode………………………………………………………………………………….