

Maples Medical Centre
2 Scout Drive
Newall Green
Manchester

Tel: 0161 498 8484

Fax: 0161 436 2655

www.themaplesmc.co.uk

Lakes Medical Centre
53c Mainwood Road
Timperley
Altrincham
Cheshire

Tel: 0161 980 4510

Fax: 0161 903 9029

www.thelakesmc.co.uk

Congratulations on the recent birth of your baby.

Enclosed is a Registration form and ethnic origin questionnaire. It is important for your baby to be registered with a doctor as soon as possible.

We would be grateful if you would fill in these forms with your baby's details and return them to the surgery, in the envelope provided. To be able to join the practice we will need you to complete the following paperwork:-

- Fill in the form
- Complete the NHS Number (this can be found in the front of your red book)

Lakes Baby Clinic (ring to make an appt)

Every Tuesday 11.30am – 12.30pm

Maples Baby Clinic (ring to make an appt)

Every Thursday 9.15am – 10.30am

This will enable you to arrange for your baby's eight week check by the GP and immunisations.
Many thanks.

Yours sincerely

Maples/Lakes Medical Centre



The Maples & Lakes Medical Centre

Baby New Patient Registration Form

OFFICE USE ONLY:

Today's Date:
 Received by:
 Pt allocated GP:
 Pt informed of GP:

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

Surname:		Forename:			
Miss / Master / Other.....		NHS Number (If Known)			
Address and Postcode				Name of Next of Kin:	
				Next of Kin Contact Number:	
Date of Birth:	Gender:	Male:	Female:	Town & Country of Birth	
Other residents at the home:					
Previous Address (if applicable)			Previous Doctor Name & Address (if applicable)		

Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)	

Ethnic Origin: (select one)	White (UK) 9i0	White (Irish) 9i1%	White (Other) 9i2%
Caribbean 9i3	African 9i4	Asian 9i5	Other Mixed Background 9i6%
Indian / Brit Indian 9i7	Pakistani / Brit Pakistani 9i8	Bangladeshi / Brit Bangladeshi 9i9	Other Asian Background 9iA%
Other Black Background	Chinese 9iE	Other 9iF%	Ethnic Category not stated 9iG

Medical Background: Please give details on	
Any illness since birth?	
Any operations?	
Any on-going medical problems at present?	
Any medications or treatments that is on-going?	

Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		

What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		
	BCG		Any other			

Signature on behalf of Patient:

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We may also have to share your child's information, subject to strict agreements on how it will be used, with the following organisations or receive information from the following organisations:-

- NHS Trusts / Foundation Trusts
- GP's
- NHS Commissioning Support Units
- Independent Contractors such as dentists, opticians, pharmacists
- Private Sector Providers
- Voluntary Sector Providers
- Ambulance Trusts
- Clinical Commissioning Groups
- Social Care Services
- NHS Digital
- Local Authorities
- Education Services
- Fire and Rescue Services
- Police & Judicial Services
- Other 'data processors' which you will be informed of

You will be informed who your Child's data will be shared with and in some cases asked for explicit consent for this happen when this is required.

We may also use external companies to process personal information, such as for archiving purposes. These companies are bound by contractual agreements to ensure information is kept confidential and secure.

Thank you for completing this form on behalf your new baby.

For more information about the services we offer, please refer to your new patient pack or see our websites www.maplesmc.co.uk and www.lakesmc.co.uk