

## BARONSCOURT SURGERY MEDICAL HISTORY FORM FOR NEW BABIES

To allow us to process the registration efficiently, please complete all sections of the attached forms and return to us.

Please list below details of any people in your family currently registered at this surgery.

Full Name	Date of Birth	Relationship	Address

Do you have a carer? Yes  No

Do you give consent to share information with Out of Hours, Local hospitals and other emergency health Services for your Clinical Need? (KIS Key Information Summary) Yes  No   
<https://baronscourtsurgery.co.uk/info.aspx?p=3&pr=S70658&t=1&high=kis>

Do you give consent for SMS communication? Yes  No   
(SMS for messages related to your medical care, including appointment reminders and messages about results)  
**\*\*Consent for KIS and SMS can be withdrawn at any time by contacting the Surgery\*\***

<b>OFFICE USE ONLY</b>	SMS Accept #9NdP	SMS Decline #9NdQ
	KIS Consent #9Ndr	KIS Decline #9Nds

### Ethnic Origin

White British  White Irish  White Asian  Black Asian  Chinese   
Indian  Pakistani  Black African  White and Black African   
Black Caribbean  Other

### Emergency Contact/Next of Kin

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

*Please note: It takes 48 hours to process your registration.*

*Please contact the surgery as soon as possible to book in a 6-8 week check. If there is a delay in booking this appointment then it can hold up childhood immunisations.*