



This form is to register a **NEWBORN BABY** with Sunbury Health Centre Group Practice.  
 Please complete the details below in CAPITALS and delete as appropriate at the \*.  
 Once completed **please bring to the practice reception with baby's red book.**

\*Mr / Mrs / Miss / Ms

**Surname** \_\_\_\_\_

**Date of Birth**

D	D	M	M	Y	Y	Y	Y
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**First Name(s)** \_\_\_\_\_

**NHS No** \_\_\_\_\_

**\*Male / Female**

**Town & Country of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone Number:**

**Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Ethnic Group** (*please circle*)

**British** or **Mixed British** **Irish** **White** **Other** **Caribbean** **African** **Asian** **Mixed** **Other**  
**Indian** **Pakistani** **Bangladeshi** **Black** **Other** **Chinese**  
**Other** (*please specify*) \_\_\_\_\_

First language: English - **Yes / No** If **No**, please specify \_\_\_\_\_

**NHS Organ Donor registration**

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. **Please tick** as appropriate:

Any part of my organs and tissue

OR

Kidneys  Heart  Liver  Corneas  Lungs  Pancreas

Signature confirming consent to organ donation \_\_\_\_\_

**NHS Blood Donor registration**

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

**Tick here** if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

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For more information, please visit the National Blood Service website [www.blood.co.uk](http://www.blood.co.uk)

**Please tick here to register with the Health Visitor**

I wish the child above to be registered for Child Health Surveillance

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**Declaration**

Thank you for completing this form.

By signing below you are signing to register your new baby as a patient of Sunbury Health Centre Group Practice.

You are signing to say that the information provided within this form is correct and true to the best of your knowledge and if any details should change, it is the responsibility of the patient (or patient representative) to let the surgery know as soon as possible.

Name: .....

Signature: ..... Date: .....

*Delete as necessary:* I am the parent or I am the guardian

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**Summary Care Record**

Sunbury Health Centre Group Practice offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Please choose one of the following options:

- Express consent for medication, allergies, and adverse reactions only
- Express consent for medication, allergies, and adverse reactions AND additional information
- Express dissent (opt out) – Patient does NOT want a Summary Care Record

**Children under the age of 16**

Patients under 16 years will have a Summary Care Record created for them unless their GP surgery is advised otherwise. If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.