ISLANDHEALTH
L'Aumone - St Sampson's - Town
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NEW BABY REGISTRATION FORM

PLEASE COMPLETE FORM IN CAPITAL LETTERS
All Sections MUST BE completed to enable prompt registration to the Practice as a patient

Patient No:……..…..

TITLE: Master / Miss **SEX**: Male / Female **DATE OF BIRTH**:…… **PLACE OF BIRTH**:……

NATIONALITY:……..……..……..……..…… **ETHNICITY**:……..……

SURNAME:……..…….. **FIRST NAMES**:……..……..……..……

ADDRESS:……..……..……

……..……..……..……**POST CODE**:……..…

INSURANCE STATUS:(eg BUPA, Foresters, Oddfellows, PPP, WPA etc)……..…….....……..

INSURANCE SCHEME NUMBER:……..……..……

GY HEALTH BENEFIT NUMBER:…**GY**…..……..……..……

IS THE CHILD ALLERGIC TO MEDICATION: YES / NO If YES, which type of medication:……..……

DOES THE CHILD HAVE ANY ALLERGIES: YES / NO If YES, list allergies:……

NAME OF DOCTOR YOU WOULD LIKE TO REGISTER BABY WITH:……..……..……..

FULL NAME OF MOTHER:……..…… **FULL NAME OF FATHER**:……..……

WORK NUMBER:…… **WORK NUMBER**:……..……..……

MOBILE NUMBER:…… **MOBILE NUMBER**:……..……

HOME TELEPHONE NUMBER:…… **HOME TELEPHONE NUMBER**:……..……..

I understand that the Practice has the right to accept or decline this application.

I agree to pay for all treatment given by the Practice at the time of treatment. Failure to do so may result in recovery of outstanding debt being passed on to a third party for recovery of the debt on the Practice's behalf. No medical information would be passed over to the third party recovery agent.

I agree that the Practice may disclose personal details and details of medical records regarding both myself and my dependants to all those involved in providing me/them with healthcare and related services both inside and outside the Practice.

SIGNATURE OF PARENT/GUARDIAN:……..……**DATE**:……

UPON COMPLETION, PLEASE RETURN THIS FORM TO EITHER OF THE SURGERIES BELOW

L'Aumone Surgery tel: 256517 **St Sampson's Medical Centre tel: 245915** **Town Surgery, Frances House tel:724747**

For Office Use Only:

Date Received……..……..Received By:……..……..9344……Med Rec……. Copy to A/c's……..

Registered on Computer By……..……..Registration Book……..…Scanned……..

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