



Registering Staff Member.....

**NEW BABY QUESTIONNAIRE**  
**(to be completed by parent or guardian)**

**By now you should have registered the baby's birth at Bridgegate House, Irvine. If so, you will have been given a form by the Registrar with baby's name and Health Service number. Please give this Registrar's form to the practice either now or as soon as possible to register your baby with us - until we receive it your baby is not registered officially for NHS care.**

You will be asked to sign a Child Health Surveillance form. This is to register your baby for screening and development checks with our practice as well.

**The Health Visitor will visit you on your tenth postnatal day. Before your baby's eighth week you will receive an appointment for your baby's first Child Health Surveillance check.**

Please answer the following few questions about your baby. Please give the baby's...

SURNAME.....FORENAME(s).....

DATE OF BIRTH.....SEX: Male/Female.....

ADDRESS.....

POST CODE.....TODAY'S DATE.....

ETHNICITY (Please choose from list below).....

- 1. White Scottish. 2. White Irish. 3. Other White British Ethnic Group. 4. Other White Ethnic Group.
- 5. Indian. 6. Pakistani. 7. Bangladeshi. 8. Other Asian Ethnic Group. 9. Chinese. 10. Black Caribbean.
- 11. Black African. 12. Other Black. 13. Other Ethnic, Mixed Origin. 14. Other Ethnic Group.

YOUR TELEPHONE Home.....Mobile.....

**1. HAS BABY ANY MEDICAL MATTER(S) THAT WE SHOULD KNOW ABOUT?**

If so, Please give brief details:

**2. ANY CURRENT MEDICATION THAT BABY IS GETTING? – Please give brief details.**