

WELCOME TO THE WOOTTONS SURGERY.

Baby and Children Registration (0-5 year olds)

In order to make our medical care more efficient we would be grateful if you could complete this questionnaire today and hand into reception.

Title:

Name:.....

Address:.....

Postcode:

Tel (Home):

Date of Birth:

Place of Birth:..... (County or Country):

Main Language Spoken: Ethnic Group (please tick relevant group)

- | | | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| a White | | b Mixed | | c Asian | |
| British | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Other white background | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| | | Other mixed groups | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| | | | | Other Asian background | <input type="checkbox"/> |
| d Black | | e Other ethnic groups | | f Other | |
| British | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Not stated | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Other ethnic group | <input type="checkbox"/> | | |
| African | <input type="checkbox"/> | | | | |
| Other black background | <input type="checkbox"/> | | | | |

In Case of Emergency Contact: (Name):..... (Tel):.....

Relationship (i.e. mother) :

Welcome to the Woottons Surgery – find out more by visiting our website at:

WWW.WOOTTONSURGERY.CO.UK