

HAZELWOOD GROUP PRACTICE
27 PARKFIELD ROAD
COLESHILL
BIRMINGHAM
B46 3LD

NEW CHILD REGISTRATION (UNDER 12s)

TITLE SURNAME

FIRST NAMES

DATE OF BIRTH

NHS NUMBER
(This can be found in you red book or from previous GP surgery)

ADDRESS
.....

POST CODE

NEXT OF KIN
(Name and Telephone number)

Weight..... Height

ETHNICITY (Please tick)

- | | | |
|------------------|-------------|-----------|
| White British | White Irish | Chinese |
| Black Caribbean | Indian | Polish |
| Ukrainian | Serbian | Traveller |
| Other | | |
| (please specify) | | |

MEDICATIONS/ CONDITIONS.....
.....

**NEW REGISTRATIONS ARE PROCESSED WITHIN 48 HOURS OF
RECEIPT UNLESS AN URGENT APPOINTMENT IS NEEDED**

**MANY THANKS
HAZELWOOD GROUP PRACTICE**