

Please complete this confidential questionnaire

Please be advised that we need proof of ID (i.e.: passport or driving license) and proof of address before we can accept your registration. If you haven't got all this with you, then please take the forms away and bring back together with all the relevant paperwork.

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

FOR BABIES AND CHILDREN UNDER THE AGE OF 10 YEARS

Title (Miss/Master/Other)	
Full name	
Address and Postcode	
Date of Birth	
Gender	
Any Previous surnames?	
NHS Number if known	
Landline Telephone Number	
Mobile Number: Do you give consent for us to contact you via txt?	
Town and Country of Birth (If it is outside the UK, please enter the date you entered the UK)	



Barbourne Health Centre

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Your Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)	

Your Ethnic Origin: (Select one)	White (UK)	White (Irish)	White (Other)
Caribbean	African	Asian	Other Mixed Background
Indian / Brit Indian	Pakistani / Brit Pakistani	Bangladeshi / Brit Bangladeshi	Other Asian Background
Other Black Background	Chinese	Other	Ethnic Category not stated

Your main or 1st language Spoken / Understood: (Select one)		English	Hindi	Gujurati	Urdu	Bengali /Sylheti	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)		