

BABY DETAILS

Surname:

First Name(s):

Date of Birth:

Address:

.....

.....

Post Code:

Where Born:

NHS No: (if known)

Please complete both sides of this form and return to the surgery as soon as possible so that we can register your baby's details on our system correctly.

Congratulations

on the birth of your new baby!

We all know that this is a time of getting to know your new baby. It is a very busy time and you probably have information overload! So, rather than needing to remember to book an appointment for a postnatal check, we would suggest, that a check is not necessary if you are feeling well, especially if you are not a first time mum. Please book an appointment if you have had any medical problems during your pregnancy, such as raised blood pressure or gestational diabetes, which may not have settled. You should also see a GP if you feel unwell generally or are worried about abnormal bleeding.

For your information:

You will need to make an appointment with the GP for you both to have your 6 week check.

Please note: Your baby will need to be seen by the GP for this check before having their first vaccination appointment at 8 weeks.

CONTRACEPTION AND / OR SMEAR (if due)

Please make an appointment with one of our nursing team, please be aware if you are making an appointment for a cervical smear you need to wait at least 3 months post birth.

REMEMBER: It is still possible to get pregnant even if you are breast feeding.

PARENT DETAILS

MOTHER:

Mrs / Miss / Ms

FULL NAME :

DATE OF BIRTH:

ADDRESS:

.....

POST CODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

FATHER:

Mr:

DATE OF BIRTH:

ADDRESS: (if different from above).....

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TELEPHONE NUMBER:

EMAIL ADDRESS:

GROVE HOUSE

SURGERY

NEW BABY REGISTRATION FORM

GP/NURSE APPOINTMENTS 01243 265222

