

**GP Surgery Notification to the Health Visitor of
Transferred In / New Registration – Families with
Children under 5 years**

Parent/Carer's Name:	DOB:
NHS no:	Ethnicity:
Present Address:	
Telephone Number:	
Previous Address:	
Previous GP Name/Address:	

Children's Details				
Full Name	NHS Number	Date of Birth	Sex	Ethnicity

Additional information regarding named child/children:

For Surgery Use Only:	Surgery Stamp
Name of GP:	
Date:	
Please forward to Health Visiting Team based at:	

For Health Visiting Use only:

Date received: _____ for contact by HV/CRGN/CNN