



Epidemiology & Cancer Statistics Unit
Department of Health Sciences
Area 3, Seebohm Rowntree Building
Heslington, York
YO10 5DD

(Freephone) 0800 3280655
(Fax) 01904 321899
enquiries@bornbredyorks.org
www.bornbredyorks.org

Your Details

If your address, contact details or GP have changes since you joined BaBY, please tell us your new details below.

Address: _____

Telephone: _____ Mobile: _____

Email: _____

GP Name & Address: _____

Your Baby

Please can you tell us the information overleaf about your baby and return the completed form to us in the prepaid envelope provided. If you need any help to fill in the form please contact our Freephone number 0800 3280655 or email enquiries@bornbredyorks.org.

PLEASE TURN OVER THE PAGE

Your Baby

First Name(s): _____

Surname: _____

Date of Birth: / / Sex: [Girl / Boy]

Birth Weight: _____ grams or _____ pounds _____ ounces

Is your baby one of twins, triplets or more? [Yes / No]

If Yes, [Twin / Triplet / More] - If more than three please specify: _____

Was your baby admitted to a special care nursery? [Yes / No]

If Yes, is your baby still in hospital? [Yes / No]*If No, how long did your baby spend in hospital?* _____ weeks _____ days

Is your baby under the care of a paediatrician or other hospital? [Yes / No]

If Yes, why is this? _____

Name of paediatrician & hospital or clinic: _____

Baby's GP name & address (*if different from yours*): _____Baby's NHS Number (if know):

THANK YOU FOR YOUR HELP