

New Born + Purple Form

NAME..... DATE OF BIRTH.....

Mothers name.....

What is your ethnic group? Please tick the appropriate box

<u>White</u>	British		Irish		Any Other White background		
<u>Mixed</u>	White & Black Caribbean		White & Black African		White & Asian		Any Other Mixed background
<u>Asian or Asian British</u>	Indian		Pakistani		Bangladeshi		Any Other Asian Background
<u>Black or Black British</u>	Caribbean		African		Any Other Black Background		
<u>Other</u>	Chinese						

If your first language is NOT English please complete

First language Spoken.....Interpreter Required Yes/No

CONSENT OPTIONS

If you require further information regarding consent please visit the Practice Website www.chislehurstmedicalpractice.co.uk

All patients automatically have a Summary Care Record created. Please indicate if you do not wish to have one

I do not consent to a Summary Care Record

The surgery sends text reminders, recalls and urgent messages via text. Please indicate if you prefer not to use this facility

I do not wish to receive SMS text messages from the surgery

Getting in touch is sometimes difficult. Currently we do not leave voice messages without patient consent. Please indicate if you would like us to leave you a brief message.

I am happy for messages to be left on my mobile voicemail and understand my responsibility as set out below:-

It is essential that you ensure that we have the most up to date mobile number for you. Updates to this information can be done when booking an appointment or in writing.