

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

Mothers name.....

What is your ethnic group? Please tick the appropriate box

<b>White</b>	British		Irish		Any Other White background		
<b>Mixed</b>	White & Black Caribbean		White & Black African		White & Asian		Any Other Mixed background
<b>Asian or Asian British</b>	Indian		Pakistani		Bangladeshi		Any Other Asian Background
<b>Black or Black British</b>	Caribbean		African		Any Other Black Background		
<b>Other</b>	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](http://www.chislehurstmedicalpractice.co.uk)

The surgery sends text reminders, recalls and urgent messages via text. It is your responsibility to notify us of any changes to your mobile number in writing.

If you wish to receive reminder you MUST consent here

I consent to receiving SMS text messages from the surgery

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 consent 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.

In the future we may wish to communicate with you via email. Please indicate if this would be a useful option for you and you would like to use this facility.

I consent to receiving communication via email and understand my responsibility as set out below:-

It is essential that you understand that you are responsible for ensuring that we have the correct email address and who has access to this information– updates only accepted in writing via change of details form –

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

If you would like to register for online access please see the next pages and complete the information required

## **New Born + Purple Form**