

The Group Practice, Stornoway

Health Centre, Springfield Road, Stornoway, Isle of Lewis HS1 2PS Tel: 01851 703145 Email: wi.grouppractice@nhs.scot

Consulting Doctors:

Dr Brian Michie • Dr Louise Scott • Dr Juanita Macleod • Dr Duncan Simpson • Dr David Fearon • Dr Raphaelle Freeston • Dr Ella Corrick

NEW BABY REGISTRATION FORM

MESSAGES TO PATIENTS VIA TEXT MESSAGE (SMS): We will communicate with you by text when it is relevant to your child's ongoing health care.

We always strive to maintain confidentiality of patient information and will continue to do so while using this system. To help us do this, it is important that we have your current mobile number, and you let us know if you change this number in the future.

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Child's Full Name and D.O.B.				
Parent/Carer Full Name				
Parent/Carer Mobile Telephone	e Number			
Parent/Carer Home Telephone	Number			
I DO / DO NOT consent to the circle)	Practice contacting	me by text mess	age as outlined above (plea	se
Please note that we will send assessment and mother's post-rmust have an assessment before the send assessment as the send assessment before the send assessment and the send assessment and mother's post-representation as the send assessment before the send as the send a	natal check. It is imp ore their first immur	ortant that you att	end this appointment as you weeks.	
in there is any medical information	on you trillin we should	a Kilow, piease pic	ovide details below.	
important if you require urgent medical care when your GP surgery is closed, or when you got to an Accident and Emergency department. This means that NHS staff looking after you can access important information about your health, even if they cannot contact your GP surgery. Do you consent to be included in the Emergency Care Summary? Yes / No (please circle) ETHNIC ORIGIN OF NEW PATIENTS Please tick one box that best describes your ethnic group or background (not necessarily where you were born) from the list below:				
White Scottish	Bangladeshi		Black Caribbean	
Other White British	Pakistani		Black African	
White Irish	Indian		Other Black	
Any other white ethnic group	Chinese		Other Ethnic Group	
	Other Asian			
Signed:		Date:		
OFFICE USE ONLY: Checked/updated EMIS □	EMIS Code added □	MJOG u	pdated □ Staff initials	