



# The Group Practice, Stornoway

Health Centre, Springfield Road, Stornoway, Isle of Lewis HS12PS  
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

## CHILD 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.**

**I DO / DO NOT consent to the Practice contacting me by text message as outlined above** (please circle)

Child's Full Name and D.O.B.	
Parent/Carer Full Name	
Parent/Carer Mobile Telephone Number	
Parent/Carer Home Telephone Number	

Medical conditions, e.g., asthma, diabetes	
Past illnesses (including hospital admissions)	
Medication	
Allergies	

**If there is any medical information you think we should know, please provide details below:**

--

**The Emergency Care Summary** is a summary of basic information about your health which might be 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	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Other White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Any other white ethnic group	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
		Other Asian	<input type="checkbox"/>		

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## OFFICE USE ONLY:

Checked and EMIS updated

EMIS code added

MJOG updated

Staff initials: \_\_\_\_\_