**Additional registration information**

We would be grateful if you could also provide the following information in addition to that which is covered by the main registration form.

**Mobile telephone number:**

Do you consent to being contacted by mobile text message for clinical services?

Yes No

**Next of Kin:**

**Ethnicity and First Language:**

This is now a Department of Health requirement on all new registrations. Please tick one of the UK Census 2001 categories below:

|  |  |
| --- | --- |
| White British |  |
| White Irish |  |
| Other White |  |
| Mixed Caribbean |  |
| Mixed African |  |
| White and Asian |  |
| Other mixed |  |
| Indian/British |  |
| Pakistani/British |  |
| Bangladeshi/British  |  |
| Other Asian |  |
| Black Caribbean |  |
| Black African |  |
| Other Black |  |
| Chinese |  |
| Other |  |
|  |  |
| Not Stated/Declined |  |

**Is English your first language?**

Yes No **(please state your 1st Language)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Summary Care Record is a basic copy of your medications and allergies which can be accessed by emergency services with your consent. Do you consent to the creation of a summary care record?**

Yes No **(if ‘No’ then please ask for an opt-out form)**

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