

KELTY MEDICAL PRACTICE – Text and Email Messaging

Registration Form

***Please complete in BLOCK capitals**

Personal Information

Mr Miss Mrs Ms Other

First Name:	
Second Name	
Preferred Name	
Date of Birth	
Chosen Password	

Address Information:

House Number/Name	
Street	
Town	
Postcode	

Contact Information:

Email Address	
Home Phone Number	
Mobile Number	

GP Contact information:

Name	Kelty Medical Practice
Address	80 Main Street, Kelty, Fife, KY4 0AE
Phone number	01383 831281
Email	Fife.F20803Kelty@nhs.scot

General Information

Are you:-

Deafened

BSL User

Hard of Hearing

Deafblind

Laryngectomy

Communication Difficulties after stroke/neurological illness

Other

If other, please state

Communication Support

Sign Language Interpreter

Lip Speaker

Deafblind guide communicator

Other

If other, please state

Kelty Medical Practice would like to help make services accessible for all people and improve the support we offer you. We may share your information in order to help you to access NHS services; if you don't want us to do this, please tick the box.

A Kelty Medical Practice employee may wish to contact you by SMS Texting or Email regarding a forthcoming appointment or to let you know that we need to speak to you regarding a recent appointment or test result.

I agree to the service communicating with me by Short Messaging Service (SMS or Text) and Email. I confirm that I will be asked to provide my password details prior to being provided with any information regarding appointments or test results.

I confirm that both the mobile number and the email address the service holds on my record are correct and I will notify them of any changes.

I agree to receive contacts from Kelty Medical Practice by SMS and Email.

Signature:

Date:

Please send your completed form either
by email to: Fife.F20803Kelty@nhs.scot

or post to: Kelty Medical Practice, 80 Main Street, KELTY, Fife, KY4 0AE