

Help us to help you: important information required by your doctor

إن الغرض من هذه الإستمارة هو جمع المعلومات حول لغتك وخلفيتك الثقافية. وهذا عمل مهم جدا ، وإذا تحتاج للمساعدة في تعبئتها فضلا تحدث إلى موظف قسم الإستقبال في عيادة طبيبك.

ফর্মটি পূরণ করতে সাহায্যের দরকার হলে আপনার ডাক্তারের সার্জারির রিসিপশনিস্টের সাহায্য নিন

请阁下填写你所操的方言及文化背景，而有关的资料是非常重要的。假如阁下需要协助填写这份表格，请与诊所内的款接员联络。

Waxa foomkani yahay in warakaaga lagu qoro afkaaga iyo dhaqankaaga. Waa lama huraaan. Haddii aad doonayso in lagaa caawiyo buuxinta foomka fadlan la hadal soo dhaweynta barta takhtarkaaga.

Drs Hegde & Jude's Practice

Dear Patient

Your Doctor's Surgery is working to make services better for all.

The information you provide will be treated in the strictest confidence. Only staff here at your Surgery will use individual information. Information you give will be treated in the same way as other information we hold. When used in the planning of services all names and other identifying details will be removed. You do not have to fill in this form but if you do, you will be helping us to help you.

Please tick this box if you would like an opportunity to become part of a patient participation group.

Please write in your contact details in the space provided below.
Remember, if you need any help to fill this in, just ask the receptionist.

First Name: _____ **Surname:** _____

House Number: _____ **Street:** _____ **Postcode:** _____

Telephone: _____

Email address: _____

Next of Kin Details:

First Name: _____ **Surname:** _____

House Number: _____ **Street:** _____ **Postcode:** _____

Telephone: _____

Please tell us about your smoking status:

I am a smoker an ex smoker have never smoked

If you are a smoker, how many do you smoke?

Light 1-9 a day Moderate 10-19 a day Heavy 20 plus

If you are an ex smoker, how many did you smoke?

Light 1-9 a day Moderate 10-19 a day Heavy 20 plus

If you are a smoker, which of the following do you smoke?

Cigarettes Cigars Pipe tobacco Are you interested in hearing about stop smoking services locally?

Yes No

How would you describe your religion?

- None
- Christianity
- Church of England
- Roman Catholic
- Buddhism
- Hinduism
- Islam
- Judaism
- Sikhism
- Jehovah's Witness
- Other Religion, please write in: _____

Are you a carer i.e. do you look after a friend or relative who is sick, disabled, elderly, has mental health problems?

- Yes
- No

Are you cared for i.e. do you need a friend or relative to help you live your day-to-day life?

- Yes
- No

Are you a student?

- Yes
- No

In which Country were you born?

- Bangladesh
- China
- Czech Republic
- Egypt
- England
- Ghana
- Hong Kong
- India
- Iran
- Iraq
- Ireland
- Libya
- Malaysia
- Nigeria
- Northern Ireland
- Pakistan
- Scotland
- Somalia
- Wales
- Yemen
- Other, please write in: _____

How would you describe your Ethnic Group?

- Asian Bangladeshi
- Asian Indian
- Asian Other
- Asian Pakistani
- Black African
- Black Caribbean
- Black Other
- Chinese
- Irish Traveller
- Mixed Other
- Mixed White & Asian
- Mixed White & Black African
- Mixed White & Black Caribbean
- Somali
- White British
- White Irish
- White Other
- Yemeni
- Other, please write in: _____

What is your Main Spoken Language?

- Arabic
- Bengali
- Cantonese
- Czech
- English
- French
- Hakka
- Hindi
- Mandarin
- Polish
- Portuguese
- Punjabi
- Russian
- See-yip
- Somali
- Spanish
- Tamil
- Urdu
- Other, please write in: _____

Are you an asylum seeker?

- Yes
- No

Do you have the following forms?

- IS99
- NASS

Do you need an Interpreter/Translator?

- Yes
- No

Do you use: British Sign Language Lip Reading A Loop System Minicom

What is your Main Read Language?

- Arabic
- Bengali
- Braille
- Chinese
- Czech
- English
- French
- Hindi
- Polish
- Portuguese
- Punjabi
- Russian
- Somali
- Spanish
- Tamil
- Urdu
- Other, please write in: _____

Thank you for taking the time to complete this form