

PATIENT PROFILING QUESTIONNAIRE

To be completed as part of the New Patient Registration Form.

Name: _____

Date of Birth: _____

Section A) About your General needs:

1. Is English not your first language or you need support with spoken English?

Hearing aid Sign Language Interpreter needed

Please state your first language _____

2. Are you any of the following?

Homeless Refugee Asylum Seeker

Section B) Your Ethnic Group:

Please tick ONE BOX that suits your ethnic group or enter details under other:

Ethnic Groups

WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	BLACK or BLACK BRITISH <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
ASIAN or ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	MIXED <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background
CHINESE or OTHER ETHNIC GROUP <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese	
OTHER <input type="checkbox"/> Other Please enter _____ <input type="checkbox"/> I do not wish to state my ethnic background	

Section C) Disability:

Do you have any disability?

No Yes (please specify) _____