

ETHNICITY QUESTIONNAIRE

This part of the questionnaire follows the recommendations of the commission for Racial Equality and complies with the Race Relations Act. Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Please tick the most appropriate option from the following list, providing more details if requested. Please also tick yes or no to questions F-I.

White:

White British

White Irish

White European (please specify below):

Other White background (please specify below):

Mixed:

Mixed British (please specify below):

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background (please specify below):

Asian:

Indian or British Indian

Pakistani or British Pakistani

Bangladeshi or British Bangladeshi

Other Asian background (please specify below):

Black / African / Caribbean / Black British:

Black British

Caribbean

African

Other Black background (please specify below):

Other:

Other ethnicity (please specify below):

I do not wish to state my ethnic group

F Carer Please tick Yes () No ()

G Asylum seeker Please tick Yes () No ()

H Fostered Please tick Yes () No ()

I Adopted Please tick Yes () No ()

ACCESSIBLE INFORMATION STANDARD

Do you have a disability that means you may require additional support with information or communication i.e. sign language or braille? Yes () No ()

If yes, please specify: _____

Office use only

Named accountable GP: Dr Nigel Storer ()

Dr Rajeeven Kottiyal ()

Patient informed: Yes () No ()

CONSENT

COMMUNICATION:

Consent to receive communication by text message Yes () No ()

If yes, please provide mobile number: _____

Consent to receive communication by email Yes () No ()

If yes, please provide email address: _____

NEXT OF KIN/EMERGENCY CONTACT DETAILS:

Name: _____ Relationship to patient: _____

Contact number: _____ Also a patient at Bewbush Medical Centre Yes () No ()

Do you give consent for staff at Bewbush Medical Centre to discuss and disclose all medical related issues with this contact? Yes () No ()

Please note that all patients aged 16 and over will need to provide written consent (as above) for Bewbush Medical Centre to be able to discuss and disclose any of their information with a third party including Parents/Guardians.

SUMMARY CARE RECORD:

The Summary Care Record (SCR) is a summary of your current medications, adverse reactions and allergies. This summary is uploaded to the NHS spine which is a secure database and is only accessed, with your consent, by medical staff in the event of an emergency, for example if you attend A&E, a walk-in-clinic or contact an out of hours service.

All NHS patients are automatically opted in to the Summary Care Record, so please indicate if you would like to opt out below:

I wish to opt out of the Summary Care Record ()

More information about the Summary Care Record is available from the surgery upon request.

ELECTRONIC PRESCRIPTION SERVICE (EPS):

EPS allows us to send your repeat prescriptions electronically to a pharmacy of your choice. This makes the prescribing and dispensing process more efficient and convenient for patients. If you would like to take advantage of this service, please select your chosen pharmacy from the list below:

Mannings – Bewbush () Kamsons – Broadfield () Gossops Green Pharmacy ()

No pharmacy – Collect from Surgery () Other, please specify: _____

Please note that not all medications can be sent via EPS, the main example of which is controlled drugs. If you choose to nominate a pharmacy that is not specified above, please be prepared that you may be asked to collect your prescription from the surgery if it is not EPS compliant.

Regardless of whether you choose to collect your prescriptions from the surgery or have them sent via EPS, when requesting your repeat prescriptions you must always allow **2 working days** for your request to be processed.

Please note that all decisions with regard to consent recorded on the previous page can be changed at any time in the future. Please ask a member of staff for assistance if you wish to do so.

Signature of Parent/Guardian _____

Print Name _____

Date _____