

Halesowen Medical Practice – Additional Registration Form

Please complete all parts in BLOCK CAPITALS and hand into staff.

1. Please tick which ethnic group you feel you belong to?	2. Which religion do you practice?
A <u>White British</u> <div style="display: flex; justify-content: space-between;"> English <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S10 Scottish <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Welsh <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S11 Irish <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S12 Any other white background <input type="checkbox"/> </div> B <u>Mixed (dual heritage/identity)</u> <div style="display: flex; justify-content: space-between;"> 9SB5 White & Black Caribbean <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SB6 White & Black African <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SB2 White & Asian <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SB Any Other Mixed Background <input type="checkbox"/> </div> C <u>Asian or Asian British</u> <div style="display: flex; justify-content: space-between;"> 9S6 Indian <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S7 Pakistani <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S8 Bangladeshi <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SH Any Other Asian Background <input type="checkbox"/> </div> D <u>Black or Black British</u> <div style="display: flex; justify-content: space-between;"> 9S2 Caribbean <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9S3 African <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SG Any Other Black Background <input type="checkbox"/> </div> E <u>Any other ethnic group</u> <div style="display: flex; justify-content: space-between;"> 9S9 Chinese <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9T3 Yemeni <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SI Traveller <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 9SAD Any other, please describe: <input type="checkbox"/> </div> <p>.....</p> F <div style="display: flex; justify-content: space-between;"> 9SD Do not wish to state <input type="checkbox"/> </div>	<div style="display: flex; justify-content: space-between;"> 135S Buddhist <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 135A Christian (Including C of E, Catholic, Methodist, Protestant and other Christian faiths) <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 1358 Hindu <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 1355 Jewish <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 1359 Muslim <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 135B Sikh <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 135Z Any other religion, please state: <input type="checkbox"/> </div> <p>.....</p> <div style="display: flex; justify-content: space-between;"> 135D None <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 135Q Do not wish to state <input type="checkbox"/> </div>
	3. Which WRITTEN language do you read? (please tick ONE box only)
	<div style="display: flex; justify-content: space-between;"> 13n0 Arabic <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> 13n2 Punjabi <input type="checkbox"/> </div>

13n8 Bengali

13n7 Urdu

13nP Braille

Other, please describe
13nE Chinese

13nB English

135D None

13nK Gujarati

13ZG Do not wish to state

13nD Hindi

Contact Details

Mobile Number:

Email Address:

Next of Kin and Carer Information

Please complete all parts in BLOCK CAPITALS and hand into staff.

Do you currently have a Next of Kin we can add to your record?

Yes No

Can we discuss your medical record with your Next of Kin?

Yes No

Will your Next of Kin be your emergency contact?

Yes No

Details of your Next of Kin

Relationship to yourself:

Forename:

Family Name:

Address:

.....

Date of Birth:

Telephone Number:

Mobile Number:

Email Address:

.....

Do you currently have a Carer? (If yes please complete Next of Kin)

Yes No

Can we discuss your medical record with your Carer?

Yes No

Will your Carer be your emergency contact?

Yes No

Details of your Carer

Relationship to yourself:

Forename:

Family Name:

Address:

.....

Date of Birth:

Telephone Number:

Mobile Number:

Email Address:

.....

Please hand these forms back to Reception.

Thank You