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| Patients Name: ……………………………………… D.O.B.: …………….........................I consent to Enhanced Summary Care Record /Share Out my information (Please tick if applicable) **(Hospitals & other NHS care would be able to view/add to** **basic medical records i.e. medication/allergies/significant health issues recorded at this practice)**I consent to Share IN my information (Please tick if applicable)**(Information recorded at other NHS care could be viewed by this practice)** I do not wish to share my information (Please tick if applicable) |

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| Marital Status: Occupation: Telephone Numbers: Home: Email:  Work: Mobile:**Main Spoken Language**: ………………………………………….**Do you speak English**: YES / NO**Place of Birth: ………………………………………………………** **Religion: ……………………………………………………………..**  |

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| Next of kin: Title: First Name: Surname:Address:Relationship: Contact telephone number: |

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| **PLEASE INDICATE YOUR ETHNIC ORIGIN -** |  |  |  |  |  |  |
| **White** |  |  |  |  | **Asian or Asian British** |  |  |  |
| British |  |  | A |  | Indian |  | H |  |  |
| Irish |  |  | B |  | Pakistani |  | J |  |  |
| Any Other White Background | C |  | Bangladeshi | K |  |  |
| **Mixed** |  |  |  |  |  |  |  |  |  |
| White & Black Caribbean | D |  | **Black or Black British** |  |  |  |
| White & Black African | E |  | Caribbean |  | M |  |  |
| White & Asian |  | F |  | African |  | N |  |  |
| Any Other Mixed Background | G |  | Any Other Black Background | P |  |  |
| **Other Ethnic Groups** |  |  |  |  |  |  |
| Chinese |  | R |  |  |  |  |  |  |
| Any Other Ethnic Group | S |  |  |
| Not Stated |   | Z |  |  |  |  |  |  |

Signed: ……………………………………………… Date: ………………………………