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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: ………………………………