COURTSIDE SURGERY

PATIENT PROFILING FORM

This form asks for information about your ethnic origin and language to help us provide health services to you. Please complete and return to reception.

We aim to provide good Health Services for all people. In order to do this we, we need to know more about the population we are serving and are therefore asking you to answer three questions on this form.

This will help us to provide the right type of healthcare services for all our patients. We need to know about language interpretation needs, for example a, and about our populations' religious and cultural requirements.

The personal information you give us on this form will have the same level of confidentiality as your medical record. This means it will not be shared with any other organisation, including Government departments such as the Home Office or The Inland Revenue. If you have any concerns about the use of the information please talk to a member of staff.

Thank you for helping us to provide a better service to you.

Your full name……..

Date of Birth……..Postcode…….

1. What do you consider to be your ethnic origin?

Asian or Asian British
☐ **Bangladeshi**
☐ **Indian**
☐ **Pakistani**
☐ **Asian other (please state)**

…….

Black or Black British
☐ **African**
☐ **Caribbean**
☐ **Black other (please state)**

…….

Mixed Background
☐ **White and Asian**
☐ **White and Black African**
☐ **White and Black Caribbean**
☐ **Other mixed background (please state)**

……...

White
☐ **British**
☐ **Irish**
☐ **Gypsy**
☐ **Traveller**
☐ **White other (please state)**

…….

Other Ethnis Group
☐ **Chinese**
☐ **any other (please state)**

……

2. How would you describe your religion?

☐ **Christianity (all denominations)**
☐ **Islam**
☐ **Judaism**
☐ **Sikhism**
☐ **Hinduism**
☐ **Buddhism**
☐ **None**
☐ **Other (please state)……..**

3. What language do you usually speak and read?

	Speaking	**Reading**
English	☐	☐
Albanian	☐	☐
Arabic	☐	☐
Bengali	☐	☐
Cantonese	☐	☐
Farsi	☐	☐
French	☐	☐
Guajarati	☐	☐
Hindi	☐	☐
Mandarin	☐	☐
Polish	☐	☐
Punjabi	☐	☐
Russian	☐	☐
Somali	☐	☐
Spanish	☐	☐
Turkish	☐	☐
Urdu	☐	☐

Other (please state)☐…… ……

Thank you for helping us

If you do not wish to complete this form, please state your reason for not doing so, this information will be maintained at the same level of confidentiality to that of your medical record.

☐ **I do not wish to complete this form. My reason is……**

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