

Patient Information

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

Why am I being asked these questions?

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

What do you mean by ethnic group?

An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality - for example people of many different ethnic groups have British nationality.

What has my ethnic group got to do with my health care?

Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

Isn't it obvious what my ethnic group is?

No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

Why do I need to answer a question about needing an interpreter?

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

Who will have access to this information?

Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.

ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? *

YES NO

DATE OF DEPARTURE FROM UK

D	D	M	M	Y	Y
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DATE OF ENTRY/RETURN TO UK

D	D	M	M	Y	Y
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IF RETURNING FROM H M FORCES DATE ENLISTED

D	D	M	M	Y	Y
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SERVICE/PERSONNEL NO.

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COUNTER FRAUD DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE _____

DATE

D	D	M	M	Y	Y
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IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

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YOUR RELATIONSHIP TO THE PATIENT

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VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue or my
B. kidneys heart liver small bowel
eyes lungs pancreas tissue

for transplantation after my death

D	D	M	M	Y	Y
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PATIENT SIGNATURE _____ DATE

PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only

PRACTICE CODE

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 GP NAME

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GP REFERENCE NUMBER

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IDENTIFICATION SEEN

MEDICAL CARD BIRTH CERTIFICATE PASSPORT OTHER - SPECIFY

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I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE _____ DATE

D	D	M	M	Y	Y
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OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

RED PRACTICE, WHITEFRIARS SURGERY

New Patient Questionnaire

Please complete this form as fully as possible. The information will be of importance to provide you with good medical care until we receive your medical records.

Name

DOB

**Next of Kin (Name & relationship)
Telephone No**

Nationality

First Language

Ethnic Group (see attached leaflet)