

## PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication, support needs and ethnicity to support your health care. More information is on the back of the form but please ask a member of staff if you need more explanation.

We would be grateful if you could complete one for each family member within/joining the Practice.

**Name**..... **DOB** ---/ ---/ ---

**Do you need an interpreter or sign language support?**     Yes  No

If you need an interpreter what language do you speak?

Please state.....

### **What is your ethnic group?**

Choose **ONE** section from A to E then tick **ONE** box which best describes your ethnic group or background:

#### **A White**

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in.....

#### **B Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups

#### **C Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in.....

#### **E Other ethnic group**

- Arab
- Other, please write.....

If you do not wish to give this information, please tick here.