

Dr Shantir's Practice
Forest Road Medical Centre
London, E17 5JL
TEL: 020 8520 7115

**Waltham Forest
Primary Care Trust**



PATIENT PROFILING

MR MRS MS MISS (Please circle as appropriate) Sex: Male Female
Surname: _____ Forename: _____
Address: _____

Marital Status _____ Date of birth: _____
Home Tel No: _____ Home Tel No: _____
Email Address: _____

Religion: None Christian Jewish Sikh
Buddhist Hindu Muslim Other _____

What is your country of origin? _____

What is/are your main spoken language/s? _____

Do you need an interpreter? Yes No

Are you a refugee or an asylum seeker? Yes No

Do you have a disability or any special requirements that we may need to take into account?
Yes No

If yes, please give details _____

Are you a carer? Yes No

Do you look after a friend or relative who is:

Sick Yes No

Disabled Yes No

Elderly Yes No

Who has mental problems Yes No

Or for any other reason _____

Do you have a carer? Yes No

Are you?
British Group Irish Gypsy or Irish Traveller Other White
Mixed Specify _____

White & Black White & Black African White and Asian Other Mixed
Caribbean _____
Specify _____

Indian Pakistani Bangladeshi Chinese
Caribbean African Other black Other Asian
Other Ethnic Group _____
Arab Not stated, please specify _____

Please note that no medical information or questions will be responded to.

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.