

Forest Road Medical Centre
 354-358 Forest Road
 London E17 5JL
 Telephone Number: 020 8520 7115



Dr Shantir's Practice
 Waltham Forest Primary Care Trust

PATIENT PROFILING FORM

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

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