

Patient Details

Date

Name:	Address:
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Tel: Number:	DOB:	NHS No:
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Male Female

The Disability Discrimination Act 1995 defines a person as having a disability if he or she "has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities".

Do you have a disability Yes No

IT CODE 13VC – PHYSICAL
IT CODE # 13Z4E - LEARNING

Do you have a Carer? Yes No If yes please give details below

IT CODE *
918F

* If Entered onto Register Y/N

Name:	Address:
Contact number:	

Do you provide care for someone else? Yes No IT code*

Are they registered at the Practice? Yes No If yes please give details below

Name	Address:
Contact No	

ETHNICITY DATA: All information supplied will be treated in confidence

	Tick	IT Code*	* for office use only
A White British	<input type="checkbox"/>	<input type="text" value="9 i 0"/>	
B White Irish	<input type="checkbox"/>	<input type="text" value="9 i 1"/>	
C White any other background	<input type="checkbox"/>	<input type="text" value="9 i 2"/>	
D Mixed White & Black Caribbean	<input type="checkbox"/>	<input type="text" value="9 i 3"/>	
E Mixed White and Black African	<input type="checkbox"/>	<input type="text" value="9 i 4"/>	

F	Mixed White & Asian	<input type="checkbox"/>	9 i 5
G	Mixed any other background	<input type="checkbox"/>	9 i 6
H	Asian or Asian British Indian	<input type="checkbox"/>	9 i 7
J	Asian or Asian British Pakistani	<input type="checkbox"/>	9 i 8
K	Asian or Asian British Bangladeshi	<input type="checkbox"/>	9 i 9
L	Asian or Asian British any other background	<input type="checkbox"/>	9 i A
M	Black or Black British Caribbean	<input type="checkbox"/>	9 i B
N	Black or Black British African	<input type="checkbox"/>	9 i C
P	Black or Black British any other Black background	<input type="checkbox"/>	9 i D
Other Ethnic Groups			
R	Chinese	<input type="checkbox"/>	9 i E
S	Any other Ethnic Group	<input type="checkbox"/>	9 i F
Z	Not stated	<input type="checkbox"/>	9 i G
ZZ	Not available at registration	<input type="checkbox"/>	9 S E
NSP	Not given (refused)	<input type="checkbox"/>	9 S D
	Traveller	<input type="checkbox"/>	9 i 2 D