

ARRAN MEDICAL GROUP

New Patient Questionnaire

All the information on this form will be kept in your medical records and will be treated in the strictest confidence.

1. PERSONAL DETAILS

Date:	Marital status:
Name:	Maiden name:
Are you a carer?	Yes / No

2. ETHNICITY AND INTERPRETER NEEDS

Ethnic Origin – please tick one of the following:

White: Scottish English Welsh Irish British Other white
Mixed or multiple ethnic

Asian: Pakistani Indian Bangladeshi Chinese Any other Asian

African, Caribbean or Black: African Caribbean Black Any other black
Other ethnic group
Prefer not to answer

Interpreter Needs – please tick one of the following:

Do you need an interpreter? Yes No

If you answered yes, do you need an interpreter for

Language	<input type="checkbox"/>
Sign (BSL)	<input type="checkbox"/>
Sign (Makaton)	<input type="checkbox"/>

REGISTER Now - FREE Text Reminder Service

Missed appointments increase waiting times for all our patients.

To help improve our patient services, we will send you a **FREE reminder via text** before your appointment. Should you no longer need your appointment then early cancellation will enable us to provide care to another patient.

How to register

It couldn't be easier. Simply provide your details by filling out your details below and hand it in to reception. A day or so before your next appointment you will receive a reminder detailing the date and time direct to your mobile phone.

Name: _____ DOB: _____

Mobile: _____ Home Telephone: _____

Is this your Mobile Number: **Yes/No**

If **No** please state relationship to owner (eg. Carer/Family member): _____

Signature: _____