

## **Proof of Identification**

For all new patients we ask that you provide proof of identification when handing in your completed registration form. We accept the following documents;

Contract of Employment/Letter from Employer	Letter from the Home Office/UK Border Agency (UKBA)		
Visa/Permits	Marriage/Birth Certificate		
Passport	Pension Documentation		
Proof of Residence	Student ID Card of Letter from Education Facility		
European Health Insurance Card (EHIC)			
Documentation from Job Centre or the Department	of Work and Pensions (DWP)		
If you have difficulty providing any of the above doc	umentation, please inform a member of our Reception team.		

## **Ethnicity & Communication Support Needs Questionnaire**

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care.

Name			Date of Birth					
Do γοι	ı need a	an interpreter or sign l	anguage support	Yes/No	Please circle			
lf you ı	require	an interpreter, what l	anguage do you speak	?				
	C GROU choose		3, C, D or E, which best	t describes yo	our ethnic group or background			
A	White							
	0	Scottish	ි English		Welsh			
	0	Northern Irish	ි British		ା Irish			
	0	Gypsy traveller	ି Polish					
	0	Any other white ethn	ic group					
В	Mixed	d or multiple ethnic groups O Any mixed or multiple ethnic group						
С	Asian, Asian Scottish or Asian British							
	<ul> <li>Pakistani, Pakistani Scottish or Pakistani British</li> </ul>							
	0	<ul> <li>Indian, Indian Scottish or Indian British</li> </ul>						
	0	Bangladeshi, Bangladeshi Scottish or Bangladeshi British						
	0	,						
	0	<ul> <li>Other (please write here)</li> </ul>						
D	African, Caribbean or Black							
	0	<ul> <li>African, African Scottish or African British</li> </ul>						
	0	<ul> <li>Caribbean, Caribbean Scottish or Caribbean British</li> </ul>						
	0							
	<ul> <li>Other (please write here)</li> </ul>							
E	Other ethnic group Other Arab							
		5 1		e here)				