

**REQUEST FOR FURTHER DETAILS FOR PATIENTS REGISTERING WITH
ST AUGUSTINE'S, KEYNSHAM & SALTFORD**

For our records we ask that you provide us with the following:-

Name	
Contact Telephone Numbers	
Home	
Work	
Mobile	Smoker/ Ex smoker/ Never smoked (please delete as appropriate)
E Mail Address	

Why did you choose to register with St Augustine's?

Please add any further information that you feel would benefit the practice on the reverse of this form.

We have the facility, for your protection and for increased security and confidentiality purposes to keep a copy of your photograph. If you would like to provide us with a recent passport sized photograph we will be happy to retain this with your records.

Ethnic Origin

The Health Authority asks us to obtain the following information from you – **although please note that it is optional** (please tick one only and specify further information if appropriate e.g. Any other white specify : Italian.

- White**
- British or mixed British
 - Irish
 - Any other White (e.g. European nationality, white commonwealth etc – specify.....

- Mixed**
- White + Black Caribbean
 - White + Black African
 - White + Asian
 - Any other mixed background – specify.....

- Asian /Asian British**
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background – specify.....

- Black/Black British**
- Caribbean
 - African
 - Any other background – specify.....

- Other ethnic groups**
- Chinese
 - Any other ethnic group – specify.....

- Not stated**