Background Information

Greetings from Porterbrook Clinic! You are being asked to provide us with the following information as you have been recently accepted onto our waiting list **or** as a current patient who needs to update us with your demographic information. We have recently transferred to a new patient record system; therefore, it is essential that you provide us with this information as some of your details might be out of date.

**Basic Details**

|  |  |
| --- | --- |
| **Title (please highlight answer):** | Mx / Mr / Miss / Ms / Mrs / Other: \_\_\_\_\_\_\_ |
| **Pronouns:** |  |
| **Legal name:**  Please note, we must use your legal name in reports and in our letters. If you have changed your legal name, please let us know. Don’t forget to let us know your new title. |  |
| **Preferred name:**  If this differs from your legal name. |  |
| **Have you changed your name via deed poll? (please highlight answer)**  If you have not already done so, please provide us with a copy of your deed poll. | * Yes * No |

**Important information: Due to our new patient record system, your demographic details on our system will now be synchronized with the National Care Record System (sometimes called the Spine) which is accessible by your GP and some other health services. If you do not wish for your name to be updated on your national record, please get in touch and we can discuss this further.**

|  |  |
| --- | --- |
| **NHS Number:** |  |
| **Date of birth:** |  |
| **Gender Identity:**  Feel free to describe in your own words. |  |
| **Is your gender identity the same as your sex assigned at birth? (please highlight answer)** | * Yes * No * Prefer not to say |

**Contact details**

|  |  |
| --- | --- |
| **Home address:** |  |
|  |
|  |
|  |
| **Postcode:** |  |
| **Can we send letters to this address? (please highlight answer)** | * Yes * No |
| **If no, please state preferred method:** |  |
| **Phone number:** | Landline: |
| Mobile: |
| **Email address:** |  |
| **GP address:** |  |
|  |
|  |
| **GP postcode:** |  |

**Contact methods and consent**

|  |  |
| --- | --- |
| **Do you consent to receiving text messages from the service? (please highlight answer)**  This can include appointment reminders, updates and alterations. | * Yes * No |
| **Do you consent to your data being used for research and/or audit purposes?** **(please highlight answer)** | * Yes * No |
| **Do you consent to being contacted for survey and/or service evaluation purposes? (please highlight answer)** | * Yes * No |
| **Are you interested in receiving our quarterly newsletter? (please highlight answer)** | * Yes * No |
| **Emergency contact details:** | Name: |
| Relation: |
| Contact details: |
| **Do you give consent for us to discuss your care with this person? (please highlight answer)** | * Yes * No |
| **Please provide any other reasonable adjustments, communication needs or preferences that might be important to your care at our service:** | |

|  |  |
| --- | --- |
| **Name** (of person who filled out the form) |  |
| **Signature** (block capitals if completed digitally) |  |
| **Date of completion** |  |

**Demographic Data**

We collect demographic information about our patients to help us get a more accurate picture of the people who use our service and so we can make sure we are addressing any barriers and reducing inequality. These fields are non-mandatory.

|  |  |
| --- | --- |
| **First language:** |  |
| **Would you consider yourself to have a disability? (please highlight answer)** | * Yes * No * Prefer not to say |
| **If yes, please describe:** |  |
| **Are you an ex-member of the British Armed Forces? (please highlight answer)** | * Yes * No |

|  |  |
| --- | --- |
| **Sexual Orientation (please indicate in the box of the appropriate answer):** | |
| Heterosexual |  |
| Gay or Lesbian |  |
| Bisexual |  |
| Other, not listed: |  |
| Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity (please indicate in the box of the appropriate answer):** | | | |
| White – British |  | Asian or Asian British – Indian |  |
| White – Irish |  | Asian or Asian British – Pakistani |  |
| White – Gypsy or Irish Traveller |  | Asian or Asian British – Bangladeshi |  |
| White – Roma |  | Asian or Asian British – Any other Asian background |  |
| White – Any other white background |  | Black or Black British – Caribbean |  |
| Mixed – White and Black Caribbean |  | Black or Black British – African |  |
| Mixed – White and Black African |  | Black or Black British – Somali |  |
| Mixed – White and Asian |  | Black or Black British – Any other Black background |  |
| Mixed – Any other mixed background |  | Other Ethnic Groups – Chinese |  |
| Other Ethnic Groups – Arab |  | Other Ethnic Groups – Vietnamese |  |
| Other Ethnic Groups – Yemeni |  | Other Ethnic Groups – Any other ethnic group |  |
| Prefer not to say |  |  | |

**Return Address (post):**

Porterbrook Clinic

Michael Carlisle Centre

75 Osborne Road

Sheffield

S11 9BF

**Return Address (email):**

[sct-ctr.porterbrookclinic@nhs.net](mailto:sct-ctr.porterbrookclinic@nhs.net)