

Have you any disabilities you would like us to be aware of?

Do you look after someone or does someone look after you?

Yes No If yes, please ask for a carers form.

Which ethnic group do you belong to?

- White British
- Black British
- Other Black ethnic group
- Asian origin
- Other ethnic, mixed origin
- Not stated
- Other (please state).....

Do/did any of your parents or children suffer from the following?

| | Relationship | | Relationship |
|--------------|--------------------------|--------------------|--------------------------|
| Asthma | <input type="checkbox"/> |Cancer | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |Tuberculosis | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> |Heart Disease | <input type="checkbox"/> |
| Glaucoma | <input type="checkbox"/> |Stroke | <input type="checkbox"/> |

Other Family History

Allergies?

Office use only. (please tick)

NHS no:

ID type Address confirmation

Is this patient eligible for dispensing services? Yes / No