

# STRAND MEDICAL GROUP "TEMPORARY RESIDENT" QUESTIONNAIRE

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX – Please tick ✓ FEMALE:  MALE:

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_

Ethnicity - Please tick ✓  Ethnic category not stated

White British  British Indian  Black African

Mixed British  Bangladeshi  Other black background

Irish  British Bangladeshi  Chinese

Other white background  Black British  Other Asian background

Indian  Black Caribbean  Other mixed background

Are you a carer? YES:  NO:

If yes, please give details of the person you care for: \_\_\_\_\_

Do you have a carer? YES:  NO:

If yes, please give details of the person who cares for you: \_\_\_\_\_

For Strand Medical Group administration only

TR1 form completed – attached herewith YES:  NO:

NHS number: \_\_\_\_\_