

Homosexual	<input checked="" type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	I do not wish to disclose			
Transsexual	<input type="checkbox"/>	Intersex/neuter gender	<input type="checkbox"/>	I do not wish to disclose	
Yes		If 'yes' do you agree to your full medical history being shared with all the staff directly caring for you?		Yes	
No				No	
Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	
Widowed	<input type="checkbox"/>	Surviving civil partner		Married	
Partnered civil	<input checked="" type="checkbox"/>	Co-habiting		Do not wish to disclose	

About your health/lifestyle

Please tick this box if you smoke	<input type="checkbox"/>	Please tick this box if you would like help to quit smoking	<input type="checkbox"/>
Please tick this box if you drink too much alcohol	<input type="checkbox"/>	Please tick this box if you would like information and support on reducing the amount of alcohol you drink?	<input type="checkbox"/>

About your next of kin (fill in all the adult cases to you)

Mother		<input checked="" type="checkbox"/>		
Lorraine Cordell				
23 Byron Terrace				
London - Enfield				
				N9 TG

About your GP

Dr Warren			
10 Nightingale Road			
Enfield			
			N9
			N9

I agree to my personal information being seen by those staff involved in my care. I agree that if the Trust removes my name and address, they can use this information to monitor how well it is treating people from different backgrounds.

Signed Mary Cordell

Date 17/10/16