

About you and your health – for adult service users

Please help us to make sure we are treating all types of people fairly by completing this questionnaire about yourself and the people who support you. Please tick or write in your answers. We promise to keep this information confidential and secure. There are some pieces of information we require in order to identify you and keep an accurate record of your care. There are other things about you which may help us in your care and treatment and which will help ensure we are treating everyone fairly. You have the option not to disclose this information to us.

About You			
CORDELL			
SIMON		dd 26	mm 01 yy 81
109 BURNCROFT AVENUE, ENFIELD, MIDDLESEX,			
re-wired@ymail.com		EN3 7JQ	
re-wired@ymail.com			
0208 245 7454			

Your housing and employment status			
In full time employment	<input checked="" type="checkbox"/>	In a permanent home	<input checked="" type="checkbox"/>
In part time employment	<input type="checkbox"/>	In a temporary home	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Of no fixed abode/homeless	<input type="checkbox"/>
In full time education	<input type="checkbox"/>	Supported housing/ a Residential Care Home	<input type="checkbox"/>

Please tick the answer which applies or use the free text box.			
Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>
Christian (please give denomination)	<input checked="" type="checkbox"/>		
Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Other, please state	<input type="checkbox"/>
Humanist/Atheist	<input type="checkbox"/>		I do not wish to disclose

Asian or Asian British	Black or Black British	White	Mixed
Bangladeshi	African	British	White and Asian
Chinese	African-Caribbean	Irish	White and Black African
Indian	Any other Black background	Any other White background	White and Black Caribbean
Pakistani			Any other mixed background
Any other Asian background			
Any other ethnic background			I do not wish to disclose

BRI TISH	Interpreting required?	Yes	No	<input checked="" type="checkbox"/>
	If yes, what language			

Yes	No	<input checked="" type="checkbox"/>	I do not wish to disclose
If yes which of the following types			
Physical/mobility	Sensory/ communications	Mental health/ learning disability	