

Heterosexual	<input checked="" type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	I do not wish to disclose			
Trans	<input type="checkbox"/>	Intersex/neuter-gender	<input type="checkbox"/>	I do not wish to disclose	
	Yes	<input type="checkbox"/>	If 'yes' do you agree to your full medical history being shared with all the staff directly caring for you?		Yes
	No	<input type="checkbox"/>			No
Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	
Widowed	<input type="checkbox"/>	Surviving civil partner		Married	
Civil partnership	<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 regularly drink 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 (Please tell us about the adult closest to you)

Mother			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lorraine Cordell		dd	mm yy
23 Byron Terrace		N9 7JG	
London - Enfield			

About your GP

Dr Warren	
12 Nightingale Road	
Enfield	
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 Margaret Cordell

Date 17/10/15