

**Expert Patients Programme**

Patient Registration Form

Where did you hear about the Expert Patients Programme? \_\_\_\_\_

I confirm I am able to attend the course starting on \_\_\_\_\_

<b>GP Name &amp; Address</b>				
<b>Personal Details</b>				
<b>First Name:</b>			<b>Surname:</b>	
<b>Address:</b>				
<b>Post Code</b>				
<b>Telephone number</b>			<b>Mobile phone number</b>	
<b>Date of Birth</b>			<b>Occupation</b>	
<b>Transport:</b> How do you intend to travel to the course? Please tick:- Car      Public Transport      Other Please state: _____				
<b>Individual needs:</b>				
What is your long-term health condition?				
Do you have any special needs or use a wheel chair?				
Do you need to bring a carer with you?				
Do you have any special dietary needs?				
Please could you put a Contact Name & number in case of emergencies during the course only?				
<b>Please state your ethnic background:</b>				
<b>White</b>	White British	White Irish	Any other white background	
<b>Mixed</b>	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background
<b>Asian or Asian British</b>	Asian - Indian	Asian - Pakistani	Asian - Bangladeshi	Any other Asian background
<b>Black or Black British</b>	Caribbean	African	Any other black background	
<b>Chinese or other ethnic group</b>	Chinese	Any other ethnic group		
<b>Not Stated</b>				

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The Personal information contained within this form is for use by the Expert Patients Programme team and is covered by the Data Protection Act.

This information will be stored electronically and used only for the purpose of Expert Patients,

Please state if you **do not** want the above information to be held electronically.

**YES/NO**

In order to maintain the standards, we may ask you to fill in questionnaire so that we can monitor the effectiveness of the programme. **All the information you provide will be treated as confidential.** This additional information is given on a voluntary basis and will not affect your place on the course. Please tick if you agree to be a part of the monitoring process,

**Yes, I agree**

**No I do not agree**

**Please return completed form as soon as possible to Caroline Powell  
Expert Patient Programme  
North Manchester Primary Care Trust  
Newton Heath Health Centre  
2 Old Church Street  
Newton Heath  
Manchester  
M40 2JF**

**This Information is available in other formats and languages on request. Please telephone 0161 681 0940**