## PAS Patient Registration - Patient Tertiary Details

## **Patient Tertiary Details**

This screen will be used to capture information asked for on the Data Collection Form. We are obliged to ask these questions but the patient has the right to decline to answer. The information is used to ensure we are not discriminating against any of the nine protected groups, <u>PAS Introduction -</u> <u>Protected characteristics</u>

Search for and select the relevant patient. Enter **T E** to go directly to the Patient Tertiary Details screen.

- From the screen action prompts type **C** for Change and press the return key, complete the fields as appropriate. **Note:** None of these data fields are mandatory
- Enter the appropriate code or press the F1 key for help.
- If you enter **No** to question 4, two additional fields will appear (see below).

| RCUR  | B PATIENT TERTIA                   | RY DETAII | LS CACHÉ TEST <mark>M</mark> JI | J |
|-------|------------------------------------|-----------|---------------------------------|---|
| Curre | ent name: EMERGE, NONHS            |           | DOB: 01-JAN-1960 Sex: F W       |   |
| 1.    | What is your gender?               | [M        | ] MALE                          |   |
| 2.    | Sex assigned at birth?             | [F        | ] FEMALE                        |   |
| 3.    | Sexual Orientation?                | [OT]      | ] OTHER                         |   |
| 4.    | What is your nationality?          | [52       | ] Dutch                         |   |
| 5.    | Is English your main language?     | [ N       | ] NO                            |   |
| 6.    | What is your main language?        | [23       | ] DUTCH                         |   |
| 7.    | Consent to share information?      | [ N       | ] NO                            |   |
| 8.    | Do you wish to receive letters?    | [Y        | ] YES                           |   |
| 9.    | Preferred letter format?           | [E        | ] EMAIL                         |   |
| 10.   | Consented to feedback surveys?     | [YES      | ] YES                           |   |
| 11.   | Preferred feedback format?         | [EMAIL    | ] EMAIL                         |   |
| 12.   | Lived outside UK in last 6 months? | [Y        | ] YES                           |   |
| 13.   | If so where?                       | EU        | EUROPEAN UNION                  |   |
| 14.   | Associated with Armed Forces?      | [AS       | ] ACTIVELY SERVING              |   |

## Accept/Change/Other [

- Type Ay to Accept and press the return key when you have made your change(s), this will save any amendments you have created.
- If you enter **E** for Email in line 9 (Preferred letter format?) you will automatically be taken to the Communications screen where the email address can be entered, <u>PAS Patient Registration Communication</u> <u>Details</u>

Online URL: <u>https://elearning.cornwall.nhs.uk/site/kb/article.php?id=162</u>