

Patient Ethnic Group Information

Patient Name: _____

Reg Date: _____

The practice is committed to collecting and recording the ethnic grouping of all newly registered patients in order to take into account culture, religion and language in providing appropriate individual care.

We appreciate your co-operation with helping us achieve this. Please answer the following two questions:

1. To which of these ethnic groups do you consider you belong? (please tick the relevant box)

White

- British or mixed British
- Irish
- Irish Traveller
- Any other White background (Please describe)

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background (Please describe)

Asian or Asian British/Irish

- Indian or British Indian
- Pakistani or British Pakistani
- Bangladeshi or British Bangladeshi
- Any other Asian background (Please describe)

Black or Black British/Irish

- Caribbean
- African
- Any other Black background (Please describe)

Chinese or other ethnic group

- Chinese
- Any other (Please describe)
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2. In which Country were you born?