

## ETHNICITY FORM

We are required by the Department of Health to keep information on the ethnicity of our registered patients. Some ethnic groups are more susceptible to certain health risks than others and this information helps us to ensure that all sectors of our community have equal access to the services we provide. For this reason, and this reason alone, we are asking for your co-operation by providing us with this information. We give our assurance of the utmost confidentiality. The ethnic group describes how you see yourself or your family. It is not the same as nationality. You are under no obligation to complete this form but your co-operation will be appreciated. If you require any further information, please speak to one of our Reception staff.

Name: ..... DOB: .....

Is English your first language? [ ] Yes [ ] No

The surgery is now required to record a patient's first language. If English is not your first language please state the language you speak below.

Please indicate the ethnic group to which you feel you belong:

### White

[ ] British

[ ] Irish

[ ] Any white background

### Asian or Asian British

[ ] Indian

[ ] Pakistani

[ ] Bangladeshi

[ ] Any other Asian background

### Other Ethnic Groups

[ ] Chinese

[ ] Any other ethnic group

### Mixed

[ ] White & Black Caribbean

[ ] White & Black African

[ ] White & Asian

[ ] Any other mixed background

### Black or Black British

[ ] Caribbean

[ ] African

[ ] Any other black background

**THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS FORM**