

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background

NAME: _____ DATE OF BIRTH: _____

A WHITE

Tick

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background please write in space below	<input type="checkbox"/>

B MIXED

Tick

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed background please write in space below	<input type="checkbox"/>

C ASIAN OR ASIAN BRITISH

Tick

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background please write in space below	<input type="checkbox"/>

D BLACK OR BLACK BRITISH

Tick

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other black background please write in space below	<input type="checkbox"/>

E CHINESE OR OTHER ETHNIC GROUP

Tick

Chinese	<input type="checkbox"/>
Any other please write in space below	<input type="checkbox"/>