**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 early 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

|  |  |
| --- | --- |
|  | British |
|  | Irish |
|  | Any other white background please write in below |

|  |
| --- |
|  |

B Mixed

|  |  |
| --- | --- |
|  | White and Black Caribbean |
|  | White and Black African |
|  | White and Asian |
|  | Any other mixed background please write below |

|  |
| --- |
|  |

C Asian or Asian British

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Any other Asian background please write below |

|  |
| --- |
|  |

D Black or Black British

|  |  |
| --- | --- |
|  | Caribbean |
|  | African |
|  |  |
|  | Any other black background please write below |

E Chinese or other ethnic group

|  |  |
| --- | --- |
|  | Chinese |
|  | Any other please write below |

|  |  |
| --- | --- |
| Declined |  |

|  |
| --- |
| **First language** |