



Recording of Ethnic Group and First Language Information for Patients

This Surgery, in line with other healthcare providers, collects information about ethnic groups of patients. This information can help us plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong and your first language.

All the information we receive will be used and treated with the strictest confidence.

The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered at this surgery will not be affected by your decision to complete this form.

If you have any queries about this form please ask. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to. If you feel you are descended from more than one group, please choose the one you feel you most belong to, or choose the 'Other Ethnic group' option.

White British	
White Irish	
Other White	
Caribbean	
African	
Other Black	
Mixed White & Black Caribbean	
Mixed White & Black African	
Mixed White & Asian	
Other Mixed	
Indian or British Indian	
Bangladeshi or British Bangladeshi	
Pakistani or British Pakistani	
Chinese	
Other Ethnic Group	

- What is your first language? (eg English, Hindi, French)

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