

Westgate Medical Practice

RECORD OF PATIENT ETHNIC ORIGIN

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.

Please tick only one section.

NAME	Date of Birth	
ETHNIC ORIGIN	✓	Office Use
WHITE		
British		9S10.00
Irish		9S11.00
Any other white background – please write below		9S12.00
MIXED		
White and Black Caribbean		9SB5.00
White and Black African		9SB6.00
White and Asian		9SB2.00
Any other mixed background – please write below		9SB..
ASIAN or ASIAN BRITISH		
Indian		9S6..00
Pakistani		9S7.00
Bangladeshi		1341.00
Any other Asian background – please write below		9SA8.
BLACK or BLACK BRITISH		
Afro-Caribbean		134H.00
Black Caribbean		9S42.00
Black African		9S3..00
Any other black background – please write below		
CHINESE or OTHER ETHNIC GROUP		
Chinese		9S9..00
Any other black background – please write below		
DECLINED		9SD..00