

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