



RECORDING OF YOUR ETHNIC GROUP THAT YOU BELONG TO INFORMATION FOR PATIENTS

This Practice, in line with other healthcare providers and all other statutory services such as local authorities etc, now collect information about the ethnic group of patients. This information will help us learn more about patients' needs and then allow us to plan services to meet the health needs of the entire community and ensure that everyone has access to healthcare to meet their needs.

Please note we are not asking about citizenship or nationality, but about the Ethnic group to which you feel you belong. All the information we receive will be used and treated with the strictest confidence. Any planning information on general release will be anonymous with all the names removed.

The classification is entirely voluntary but will help us provide a service that will meet individual and local community needs. The level or quality of care you will be offered by Islington Primary Care Trust will not be affected by your decision to complete this form.

If you have any queries about completing this form, please ask a member of staff. 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 tick the one you feel you most belong to, or choose the Any Other Ethnic Group option. The groups used below have been developed and agreed by the office of National Statistics in conjunction with the Commission for Racial Equality.

Have you read & fully understood the above information YES NO (if no please see reception)

ETHNIC GROUP	Code	Please tick v
White		
British	A	YES <input type="checkbox"/>
Irish	B	YES <input type="checkbox"/>
Any White background	C	YES <input type="checkbox"/> state: _____
Mixed		
White & Black Caribbean	D	YES <input type="checkbox"/>
White & Black African	E	YES <input type="checkbox"/>
White & Asian	F	YES <input type="checkbox"/>
Any other mixed background	G	YES <input type="checkbox"/> state: _____
Asian or Asian British		
Indian	H	YES <input type="checkbox"/>
Pakistani	J	YES <input type="checkbox"/>
Bangladeshi	K	YES <input type="checkbox"/>
Any other Asian background	L	YES <input type="checkbox"/> state: _____
Black or Black British		
Caribbean	M	YES <input type="checkbox"/>
African	N	YES <input type="checkbox"/>
Any other Black background	P	YES <input type="checkbox"/> state: _____
Other ethnic groups		
Chinese	R	YES <input type="checkbox"/>
Any other ethnic background	S	YES <input type="checkbox"/> state: _____

What is your first Language ? 1st ----- 2nd -----

Do you speak English ? NO SOME YES

Do you need an interpreter ? NO YES