

ETHNIC ORIGIN RECORDING FORM

Patients Name: **DOB:**

What is your ethnic group?

Choose ONE section from A to E then tick the appropriate box to indicated your cultural background

A White

<input type="checkbox"/>	British or mixed British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background, please write in below:

B Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	Any other Mixed background, please write in below:

C Asian or Asian British

<input type="checkbox"/>	Indian or British Indian
<input type="checkbox"/>	Pakistani or British Pakistani
<input type="checkbox"/>	Bangladeshi or British Bangladeshi
<input type="checkbox"/>	Any other Asian background, please write in below:

D Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Mixed background, please write in below:

E Chinese or other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Mixed background, please write in below:

F ETHNIC CATEGORY NOT STATED

HANWAY MEDICAL PRACTICE

ETHNIC CATEGORY QUESTIONNAIRE

FIRST LANGUAGE MONITORING

Please indicate which is your first language is by ticking the box alongside the language

	Tick here		Tick here
012 English		030 Korean	
		031 Kurdish	
001 Akan (Ashanti)		032 Lingala	
002 Albanian		033 Luganda	
003 Amharic		034 Makaton (sign language)	
004 Arabic		035 Malayalam	
005 Bengali & Sylheti		036 Mandarin	
006 Brawa & Somali		037 Norwegian	
007 British Signing Language		038 Pashto (Pushtoo)	
008 Chinese		039 Patois	
009 Cantonese and Vietnamese		040 Polish	
010 Creole		041 Portuguese	
011 Dutch		042 Punjabi	
013 Ethiopian		043 Russian	
014 Farsi (Persian)		044 Serbian/Croatian	
015 Finnish		045 Sinhala	
016 Flemish		046 Somali	
017 French		048 Spanish	
018 French Creole		049 Swahili	
019 Gaelic		050 Swedish	
020 German		051 Sylheti	
021 Greek		052 Tagalog (Filipino)	
022 Gujarati		053 Tamil	
023 Hakka		054 Thai	
024 Hausa		055 Tigrinya	
025 Hebrew		056 Turkish	
026 Hindi		057 Urdu	
027 Igbo (Ibo)		058 Vietnamese	
028 Italian		059 Welsh	
029 Japanese		060 Yoruba	
		200 Other	

Full name:

Date of birth: Date:

Signature: