

# The Coleridge Medical Centre

Name.....Date of Birth.....

## ETHNIC ORIGIN

Information on ethnicity is important to us because of the need to take into account culture, religion and language in providing appropriate individual care and the need to demonstrate non-discrimination and equal outcomes. Therefore please take a few moments to answer the following question:

**What is your ethnic group?** Choose ONE section from A to F, then tick the appropriate box to indicate your cultural background.

### **A White**

British 9i0

Irish 9i1

Any other White background, please write in..... 9i2

### **B Mixed**

White and Black Caribbean 9i3

White and Black African 9i4

White and Asian 9i5

Any other Mixed Background, please write in..... 9i6

### **C Asian or Asian British**

Indian 9i7

Pakistani 9i8

Bangladeshi 9i9

Any other Asian background, please write in..... 9iA

### **D Black or Black British**

Caribbean 9iB

African 9iC

Any other Black background, please write in..... 9iD

### **E Chinese or other ethnic group**

Chinese 9iE

### **F Not Specified**

Any other background, please write in..... 9iF

No wish to state 9iG