

## Ethnicity Form

The Department of Health has requested that from 1<sup>st</sup> April 2006 GP practices collect this information for all newly registered patients. These are standard categories to be used for the collection of ethnic group information from 1<sup>st</sup> April 2001 (based on Census)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A)	White:		
		<input type="checkbox"/>	British
		<input type="checkbox"/>	Irish
		<input type="checkbox"/>	Any other white background
B)	Mixed:		
		<input type="checkbox"/>	White and Black Caribbean
		<input type="checkbox"/>	White and Black African
		<input type="checkbox"/>	White and Asian
		<input type="checkbox"/>	Any other mixed background
C)	Asian or Asian British:		
		<input type="checkbox"/>	Indian
		<input type="checkbox"/>	Pakistani
		<input type="checkbox"/>	Bangladeshi
		<input type="checkbox"/>	Any other Asian background
D)			
	Black or Black British:		
		<input type="checkbox"/>	Caribbean
		<input type="checkbox"/>	African
		<input type="checkbox"/>	Any other Black background
E)	Other ethnic groups:		
		<input type="checkbox"/>	Chinese
		<input type="checkbox"/>	Any other ethnic group
F)	Not stated	<input type="checkbox"/>	
G)	Object to providing this information:	<input type="checkbox"/>	

## Address Verification

As a new patient to our practice, we need **ONE** form of **photo ID** - driving licence or passport, and **ONE** form of **ID containing your current address** from the list below.

### Photo ID:

Driving Licence

Passport.

### Address ID:

#### For Office Use Only

		Tick if seen	Initials
A	A utility bill		
B	Council tax document		
C	Rent card		
D	Bank statement		
E	Blue Badge		
F	Letter from Benefits Agency		
G	P45		

This is to confirm your name and address to ensure you are within our practice area.

Many Thanks.