

## RECORDING OF ETHNIC GROUP INFORMATION FOR PATIENTS

This Practice, in line with other healthcare providers, collects information about the ethnic group of patients. The UK is an increasingly ethnically diverse society and this information can help us plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

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 names removed.

The classification is entirely voluntary but will help the NHS in Scotland to provide a better service. Please complete the form below by ticking the box of the ethnic group you feel you belong to.

NAME:

Date of Birth:

9S13. White	Scottish	<input type="checkbox"/>
9S14. White	Other White British	<input type="checkbox"/>
9S11. White	Irish	<input type="checkbox"/>
9i2D. White	Traveller	<input type="checkbox"/>
9i2F. White	Polish	<input type="checkbox"/>
9i2R. White	Other European	<input type="checkbox"/>
9i3.. Mixed	White & Black Caribbean	<input type="checkbox"/>
9i4.. Mixed	White & Black African	<input type="checkbox"/>
9i5.. Mixed	White & Asian	<input type="checkbox"/>
9SB.. Mixed	Any Other Mixed Background	<input type="checkbox"/>
9S6.. Asian or Asian British	Indian	<input type="checkbox"/>
9S7.. Asian or Asian British	Pakistani	<input type="checkbox"/>
9S8.. Asian or Asian British	Bangladeshi	<input type="checkbox"/>
9SH.. Asian or Asian British	Any Other Asian Background	<input type="checkbox"/>
9S2.. Black or Black British	Caribbean	<input type="checkbox"/>
9S3.. Black or Black British	African	<input type="checkbox"/>
9SG.. Black or Black British	Any Other Black Background	<input type="checkbox"/>
9S9.. Other Ethnic Groups	Chinese	<input type="checkbox"/>
9SJ.. Other Ethnic Groups	Any Other Ethnic Group	<input type="checkbox"/>
9i2.. White	Other White	<input type="checkbox"/>
9SD.. Ethnic Group	Patient Declined	<input type="checkbox"/>