

TOWNFIELD DOCTORS SURGERY

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Dear Patient

The Primary Care Trust is working to make services better for all. We know that different ethnic groups have differing medical needs. By answering the questions on the next page of this letter, you will be helping us to deliver better services to you as an individual. The important information you provide will help us get a better picture of our local population which will help the planning of new services and changes to existing ones.

As always any information you provide will be treated in the strictest confidence. Only NHS staff will use individual information. The details you give will be treated exactly the same way as any other information we hold.

When the data is used for planning services, all names and other identifying details will be removed.

We apologise if you have been asked to complete this type of form by other areas in the NHS but our information system here at the practice is separate from that of the Hospital Trusts.

Ethnic Category Questionnaire

What is your Ethnicity?

White: English/Welsh/Scottish/Northern Irish/British	
White: Irish	
White: Gypsy or Irish Traveller	
White: Any other White background	

Mixed/Multiple ethnic groups: White and Black Caribbean	
Mixed/Multiple ethnic groups: White and Black African	
Mixed/Multiple ethnic groups: White and Asian	
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background	

Asian/Asian British: Indian	
Asian/Asian British: Pakistani	
Asian/Asian British: Bangladeshi	
Asian/Asian British: Chinese	
Asian/Asian British: Any other Asian background	

Black/African/Caribbean/Black British: African	
Black/African/Caribbean/Black British: Caribbean	
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background	

Other ethnic group: Arab	
Other ethnic group: Any other ethnic group	

Children's questionnaire continued.....

Social Services

Is the child under Social Services? (Please circle)	Yes	No
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Child Protection

Is the child under child protection? (Please circle)	Yes	No
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Child Immunisations/vaccinations

Have you attached a copy of immunisations/vaccinations? (Please circle)	Yes	No
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