

Kingsnorth Medical Practice – PATIENT REGISTRATION QUESTIONNAIRE (0-16 years)

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities. Knowing your origins may help with the early identification of some of these conditions.

Patient Name:

Date of Birth:

A White

	British
	Irish
	Any other white background please write below:

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below:

C Asian or Asian British

	Indian
	Pakistani
	White & Asian
	Any other Asian Background please write below:

D Black or Black British

	Caribbean
	African
	Any other Black background please write below:

E Chinese or other Ethnic group

	Chinese
	Any other please write below:

Home-schooling- (children aged between 4-16)

Are you home-schooled?

Yes

No