



IMPORTANT INFORMATION REQUIRED BY YOUR DOCTOR

Dear Patient,

Staffs at your Doctor's surgery are working to make services better for all.

By answering the questions in this form you will be helping the Department of Health deliver services to you as an individual. They will also get a better picture of the local population and this will help in planning new services and improving existing ones so that we can better meet the needs of all sections of the community.

The information you provide will be treated in the strictest confidence and treated in the same way as your health records which are legally protected by the data protection act.

Only named staff here at your Surgery will use this personal information.

When used in the planning of services all names and other identifying details will be removed.

If you have any queries please contact the Bexley Care Trust at 221 Erith Road, Bexleyheath, Kent DA7 6HZ who will answer your questions.

First Name: _____ **Surname:** _____ **D.O.B.** ____/____/____

House Number: _____ **Street:** _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

How would you describe your Ethnic Group? *(These are the Office of National Statistics Categories)*

White and White British

- White British (A) 9i0
- White Irish (B) 9i1
- White Other (C) 9i2

Mixed

- Mixed White & Black Caribbean (D) 9i3
- Mixed White & Black African (E) 9i4
- Mixed White & Asian (F) 9i5
- Mixed Other (G) 9i6

Asian and Asian British

- Asian Indian (H) 9i7
- Asian Pakistani (J) 9i8
- Asian Bangladeshi (K) 9i9
- Asian Other (L) 9iA

Black and Black British

- Black Caribbean (M) 9iB
- Black African (N) 9iC
- Black other (P) 9iD

Other Ethnic Categories

- Chinese (R) 9iE
- Other Ethnic Category (S): Pls write in: 9iF
- Not Stated (Z) 9iG

Do you require the services of an Interpreter / Translator YES NO

If yes, then please state language for translation: _____

Thank you for your co-operation