



OLD SWAN
HEALTH CENTRE GROUP PRACTICE
 CRYSTAL CLOSE
 LIVERPOOL
 L13 2GA

You recently registered your baby with this practice. It is now a Department of Health directive that we record the ethnicity of all our newly registered patients. We would be grateful if you could complete the following form and return it to the practice.

PERSONAL DETAILS							
Child's Full Name:							
Date of Birth:							
Home Address:							
Postcode:							
Next of Kin Name:							
Next of Kin Phone N ^o :							
ETHNICITY DATA							
How would you describe your child's Ethnic Group? (Please tick)							
Asian Bangladeshi	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>		
Asian Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>		
Black Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>		
Mixed White & Black African	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>	Mixed White British	<input type="checkbox"/>		
Polish	<input type="checkbox"/>	Somali	<input type="checkbox"/>	White British	<input type="checkbox"/>		
White Irish	<input type="checkbox"/>	British Asian	<input type="checkbox"/>	Black British	<input type="checkbox"/>		
Other (Please state):							
What is your main spoken language?							
Arabic	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	English	<input type="checkbox"/>
French	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Somali	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other (please state):			
Do you need an interpreter?							
Yes	<input type="checkbox"/>	No				<input type="checkbox"/>	