

**Fremington Medical Centre
New Patient Questionnaire**

We are now required to collect ethnicity information and first language details for all our patients when registering in the Practice. Please indicate your ethnicity group and first language from the options below. If you do not wish to state your ethnicity group, please tick the last box. Please return this form with your registration form to reception.

ETHNICITY

White British		Black Caribbean	
White Irish		Other black ethnic group	
Other white ethnic group		Black African and white	
Pakistani/British Pakistani		White and Asian	
Indian/British Indian		Black Caribbean and white	
Bangladeshi/British Bangladeshi		Other mixed	
Chinese		Other ethnic group	
Other Asian ethnic group		Ethnic group not stated	
Black African			

LANGUAGE

English		Hebrew		Turkish	
British Signing Language		Hindi		Urdu	
Welsh		Igbo (Ibo)		Vietnamese	
French		Japanese		Yoruba	
German		Korean		Other	
Italian		Kurdish			
Spanish		Lingala			
Cantonese		Luganda			
Dutch		Makaton (sign language)			
Gaelic		Malayalam			
Greek		Mandarin			
Polish		Norwegian			
Akan (Ashanti)		Pashto			
Albanian		Patois			
Amharic		Portuguese			
Bengali & Sylheti		Punjabi			
Brawa & Somali		Russian			
Cantonese or Vietnamese		Serbian/Croatian			
Creole		Sinhala			
Ethiopian		Somali			
Farsi (Persian)		Swahili			
Finnish		Swedish			
Flemish		Wylheti			
French Creole		Tagalog (Filipino)			
Gujarati		Tamil			
Hakka		Thai			
Hausa		Tigrinya			

PLEASE RETURN THIS FORM TO THE SURGERY ALONG WITH YOUR REGISTRATION FORM. MANY THANKS