

Hospital Care Ethnicity Data Audit Toolkit

Patient data collection form

December 2021

We are currently updating our patient details and would appreciate if you would answer the following questions.

Name:	_____
Date of birth:	/ /

Which ethnic group do you belong to? *Mark the space or spaces that apply to you.*

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other (such as Dutch, Japanese, Tokelauan). Please state:

Office use only		Date:			
Name of ward, service or department:					
FORM	L1 group code (only required if more than six ethnicities are provided)	PAS	L1 group code (only required if more than six ethnicities are provided)		
1.		1.			
2.		2.			
3.		3.			
4.		4.			
5.		5.			
6.		6.			
7.					
8.					
9.					
10.					
M		PM		TMM	