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| Hospital Care EthnicityData Audit ToolkitPatient data collection form | December 2021 |

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

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| **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: |
|  |       |
|  |       |
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| **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. |  |  |  |

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