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| 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: |
|  |  |
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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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| M | PM | TMM |