

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	
Form	PMS
1.	1.
2.	2.
3.	3.

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