

Please Indicate one of the following Ethnic groups

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|--------------------------------|--------------------------|--|--------------------------|
| White | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Ethnic group not given-patient refused | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Other ethnic non-mixed | <input type="checkbox"/> |
| Black, other, Non-mixed origin | <input type="checkbox"/> | Other ethnic mixed origin | <input type="checkbox"/> |
| Black, other mixed | <input type="checkbox"/> | Other black ethnic group | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Other Asian ethnic group | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Other Ethnic group | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Other Asian Ethnic group | <input type="checkbox"/> | Traveller | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | | |