Signing Up For Our Patient Reference Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

Name:		
Email Address:		
Telephone:		
Postcode:		
The information below will he the patients registered at this	•	e feedback from a representative sample of
Your Gender:	Male □	Female □
Your Age:	Under 16 □ 25 − 34 □ 45 − 54 □ 65 − 74 □	17 − 24 □ 35 − 44 □ 55 − 64 □ 75 − 84 □ Over 84 □
The ethnic background with v	which you most closely identify	is:
White	British Group □	Irish □
Mixed	White & Black Caribbean □ White & Asian □	White & Black African □
Asian or Asian British	Indian □ Bangladeshi □	Pakistani □
Black or Black British	Caribbean □	African □
Chinese or Other	Chinese □	Any Other □
How would you describe how	often you come to the practic	re?
Regularly	Occasionally	Very rarely □
Thank you		

Please note that we will not respond to any medical information or questions received through the survey.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.