Signing Up for Patient Reference Group

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

Name:........................................................................................................................................

Email Address:................................................................................................................................

Telephone: ........................................................................................................................................

Postcode: ............................................................................................................................................

The information below will help to make sure that we receive feedback from a representative sample of patients registered at this practice

Please tick boxes that apply to you

Gender:  Female  [ ]  Male  [ ]  Does not wish to disclose  [ ]

Age:  16 and under  [ ]  17 – 24  [ ]  25 -34  [ ]  35 -44  [ ]  45 -54  [ ]  55 – 64  [ ]  65 -74  [ ]  75 -84  [ ]  Over 84  [ ]  Does not wish to Disclose  [ ]

The ethnic background with which you most closely identify with

White  [ ]  Mixed Group  [ ]  Irish  [ ]


Asian or Asian British  [ ]  Indian  [ ]  Pakistani  [ ]  Bangladeshi  [ ]

Black or Black British  [ ]  Caribbean  [ ]  African  [ ]

Chinese or Other  [ ]  Chinese  [ ]  Any Other  [ ]

How would you describe how often you come to the practice?

Regularly  [ ]  Occasionally  [ ]  Very rarely  [ ]

Thankyou

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

The information that 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.