

## 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

Mixed White & Black Caribbean  White and Black African

White & Asian

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.