

## 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 help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

**Your Gender:** Female  Male   
Other  Prefer not to say

**Your Age:** Under 16  17 – 24   
25 – 34  35 – 44   
45 – 54  55 – 64   
65 – 74  75 – 84   
Over 84

**The ethnic background with which you most closely identify is:**

**White** White British  Irish   
White Other

**Mixed** White & Black Caribbean  White & Asian   
White & Black African  Mixed Other

**Asian or Asian British** Asian British  Indian   
Bangladeshi  Pakistani   
Asian Other

**Black or Black British** Black British  Caribbean   
African  Black Other

**Chinese or Other** Chinese  Any Other

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

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.