

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

Your Gender: Male Female

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 British Group Irish

Mixed White & Black Caribbean White & 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

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

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 2018. The Data Protection Act 2018 gives you the right to know what information is held about you and ensures that this information is handled properly.