



Signing Up For Our Patient Participation Group

We are planning our next annual survey and we would like to form a representative group of patients to help us ask the right questions. If you would like to join this group and, you are happy for us to contact you periodically by email or post, please leave your details below and hand this form in at reception.

Name:

Email Address:

Date of Birth:

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice. Please tick as appropriate. Thank you.

Your Gender: Male Female

Your Age:

Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
		Over 84	<input type="checkbox"/>

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

What do you think are the most important issues on which we should consult our patients?

.....

.....

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