

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:

We understand that it may not always be possible for members to attend meetings but you may still want to take part in group email discussions. Please tick your preferred option below.

- Actual member** i.e. attend meetings and take part in group email discussions.
- Virtual member** i.e. unable to attend meetings but would like to take part in group email discussions.

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 Bangladeshi Pakistani

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.

Thank you.