**Contact Form**

If you would like to be part of the Patient Group please complete the form below and return it to the practice.

Name;

Address;

Postcode;

Email address (if applicable)

The following information will help to endure we speak to a representative sample of the patients registered at this practice.

Are you? Male Female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age: | Under 16 |  | 17-24 |  |
|  | 23-34 |  | 35-44 |  |
|  | 45-54 |  | 55-64 |  |
|  | 65-74 |  | 75-84 |  |
|  | Over 84 |  |  |  |

Which ethnic background do you represent?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 ethnic** |  |  |  |  |  |
| Chinese |  | Any other |  |  |  |

Which of the following areas should we focus on (please tick all that apply)

|  |  |
| --- | --- |
| Getting an appointment |  |
| Clinical care  Telephone answering and access |  |
| Waiting room facilities |  |
| Customer service |  |
| Time keeping |  |
| Patient information |  |
| Opening times |  |
| Quarterly Newsletter |  |
| Parking |  |
| Length of Appointment times |  |
| Any other comments |  |

*Thank you. Please note that no medical information or questions will be responded to. The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Date 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 proper.*