

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:

Email address:

Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you?      Male                      Female   

Age Group

Under 16		17 - 24		25 - 34	
35 - 44		45 - 54		55 - 64	
65 - 74		75 - 84		Over 84	

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

<b>White</b>					
British Group		Irish			
<b>Mixed</b>					
White & Black Caribbean		White & Black African		White & Asian	
<b>Asian or Asian British</b>					
Indian		Pakistani		Bangladesh	
<b>Chinese or other ethnic group</b>					
Chinese		Any other			

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

Regularly	
Occasionally	
Very rarely	

*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 Data Protection Act 1988 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.*