PPG SIGN UP

Name

Address:

Email Address:

Telephone No:

The information below will help to 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 □ 25 – 34 □ 45 – 54 □ 65 – 74 □ 17 – 24 □ 35 – 44 □ 55 – 64 □ 75 – 84 □ Over 84 □

**The ethnic background with which you most closely identify is:**

White British Group □

Irish □

Mixed White & Black Caribbean □

White & Asian □

White & Black African □

Asian or Asian British

Indian □

Bangladeshi □

Pakistani □

Black or Black British Caribbean □

African □

Chinese or Other Chinese □

Any Other □

**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 will be used lawfully, in accordance with the Data Protection Act 1998. The Data 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 properly.