Hill Brow Partnership Patient Reference Group

If you are happy to be contacted periodically by email and participate in the Patient Reference Group please complete your details below and hand this form back to reception.

Name:	
Email address:	
Postcode:	
It would also be appreciated if you could complete the additional information below to enable us to collect information from a representative sample of the patients registered at each of the Practices.	
1. Are you:	
Male Female	
2. Age group:	
Under 16	
17 – 24	
25 - 34	
35 – 44	
45 - 54	
55 -64	
65 – 74	
75 – 84	
85 or Over	
3. To help ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?	
White British	Pakistani
White Irish	Bangladeshi
Any Other White Background	Any Other Asian Background
White and Black Caribbean	Black Caribbean
White and Black African	Black African
White and Asian	Any Other Black Background
Any Other Mixed Background	Chinese
Indian	Any Other Ethnic Group
4. How would you describe how often you come to the Practice? Description Descrip	
Regularly Occasional	lly Rarely

Thank you for your time and participation.

Please note no medical information or questions will be answered.

The information you supply to 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 correctly.