

Shrewsbury Road Surgery

PATIENT PARTICIPATION GROUP



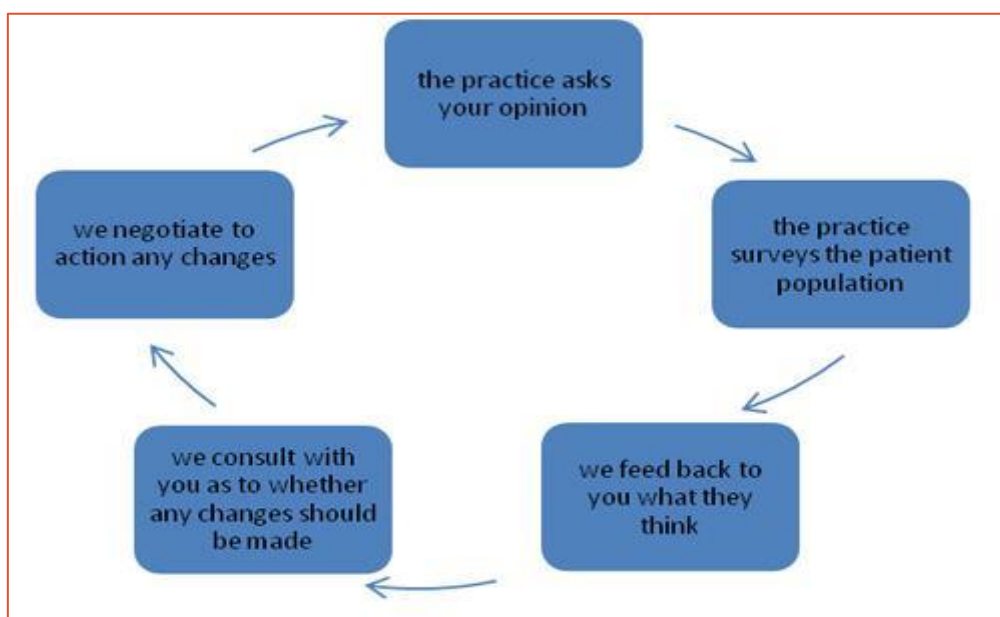
THE PRACTICE WISHES TO ESTABLISH A GROUP OF PATIENTS WHO ARE WILLING TO CONTRIBUTE SOME OF THEIR TIME TO THE DEVELOPMENT OF THE PRACTICE AND ITS HEALTH SERVICES.

We are especially keen to make sure that the group is fully representative of our patients and therefore invite anyone with an interest to enquire about joining.

Please ask to see Practice Manager for more information

We anticipate that the group will meet about four times a year, but arrangements will also be made for members of the group who are not able to attend in person, but feel that they would like to contribute.

THANK YOU!



PATIENT PARTICIPATION GROUP ENQUIRY / APPLICATION FORM

NAME	ADDRESS	E MAIL/TELEPHONE NUMBER (INDICATE PREFERRED METHOD)

We would like to make sure our patient group represents the range of patients in our practice. It would help if you would answer the questions below which are designed to do this. Just leave any blank if you do not wish to answer these. Delete or ring as appropriate

Gender	Male / Female
Marital status	Married / Single
Age	Under 16 17 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 Over 74
Ethnic origin	White British

	White Irish Other White Background Mixed White and Black Caribbean Mixed White and Black African White and Asian Other Mixed Background Indian Pakistani Bangladeshi Other Asian Background Caribbean African Other Black Background Chinese Other Not Given
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How often are you in the practice?	
Do you use other health services outside the practice (e.g. hospitals, clinics or emergency doctors? Please list.	

Thanks you for expressing your interest. All applications / enquiries will be acknowledged and you will hear from us again soon.