

Patient Participation Contact Form

If you're happy for us to contact you about joining our Patient Participation Group, please leave your contact details below, and hand 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	55 – 64	
	17 – 24	65 – 74	
	25 – 34	75 – 84	
	35 – 44	Over 84	
	45 – 54		

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

White						
White British		White Irish		White other		
Mixed						
White & black Caribbean		White & black African		White & Asian		
Asian or Asian British						
Indian		Pakistani		Bangladeshi		
Black or black British						
Caribbean		African		Black Other		
Chinese or other ethnic group						
Chinese		Any Other				

How frequently to you come to Elm House surgery?

Regularly	
Occasionally	
Very rarely	

Thank you

Please note that no medical information or questions will be responded to.

The information you supply us with 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.