

## Please sign up for our Practice Survey

If you are happy for us to contact you periodically by email,  
please complete your details below and hand this form in at reception.

Name: .....

Email Address: .....

Postcode: .....

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  17 – 24  
 25 – 34  35 – 44  
 45 – 54  55 – 64  
 65 – 74  75 – 84  
 Over 84

The ethnic background with which you most closely identify is:

**White**  British Group  Irish

**Mixed**  White & Black Caribbean  White & Black African  
 White & Asian

**Asian or Asian British**  Indian  Pakistani  
 Bangladeshi

**Black or Black British**  Caribbean  African

**Chinese or Other**  Chinese  Any Other

How would you describe 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.