

Penistone Group Practice Patient Reference Group

If you are happy for us to contact you periodically by email regarding the services we offer please complete this form and return it to the surgery.

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	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	74 - 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

To help us 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 Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>	

How would you describe how often you come to the practice?

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>

Thank you.

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

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.