

East Leicester Medical Practice Patient Reference Group contact form

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception, a patient group representative or post in the 'secure box'.

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

17 – 24 25 – 34

35 – 44 45 – 54

55 – 64 65 – 74

75 – 84 Over 84

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 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 ethnic Group

Chinese Any Other

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

Regularly

Occasionally

Very rarely

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.