

Name:

Email address:

Post Code:

This is additional information to make sure we try to speak to a representative sample of 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"/>	75 - 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 and Black African	<input type="checkbox"/>	White and Asian <input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>			
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black of Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese of 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.

The information you supply us will be used lawfully, in accordance with the Data protection Act 1998. The Data protection Act 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.