**Bourn Surgery Patient Participation Sign-up form**

Name…………………………………………………………………………………………………………………………….

Email address………………………………………………………………………………………………………………

Postcode………………………………………………………………………………………………………………………..

To help us monitor how representative our patient group is, it would be helpful if you could indicate the following demographic information:

Sex: Male [ ] Female[ ]

Age: Under 16 [ ] 17-25 [ ] 26-45 [ ] 46-64 [ ] 65-75 [ ] >75 [ ]

Thank-you for your help.