



ATTLEBOROUGH SURGERIES

WE NEED YOU

Patient Group



It is important for the staff at Attleborough Surgeries to know that we are delivering the best possible service for our patients.

In order to help us do this we would like to set up a patient group whose members are willing to give us their e-mail details so that we can occasionally contact them and ask their opinions on aspects of the practice. This will be in the form of an e-mail survey or questionnaire. The questions will be general in nature and will not require medical or personal details.

In order to gain a representative sample of patients we need as many patients as possible to be part of this group. Your contact details will be kept safely and securely and will not be shared with anybody else. They will be used only for the purpose of assessing the practice. We anticipate contacting patients approximately three times a year.

If you would be willing to leave your email details please complete the attached contact form.

Thank you.



Attleborough Surgeries

Patient Group Registration 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.

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"/>	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	<input type="checkbox"/>		<input type="checkbox"/>		
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.

For internal purposes only please return to Practice P.A.