

## Contact form

If you are happy for us to contact you periodically by email or post please leave your details below and hand this form back to Reception.

Name:

Address:

Postcode:

Email address:

This additional information will help to make sure we speak to a representative group of patients that are registered at this practice.

Are you? Male  Female

Age:	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	Asian or Asian British	Black or Black British	Mixed	Other
British	Indian	Caribbean	White & Black Caribbean	Chinese
Irish	Pakistani	African	White & Black African	Other
Scottish	Bangladeshi	Other	White & Asian	
Other	Other		Other	

How often do you visit the practice?

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

Are you registered disabled?

Yes	No
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If yes do you use a mobility aid?

Walking Aid	Wheelchair	Mobility Scooter	Other
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*Thank you for your help and support.*

*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.*

