

Kirton Lindsey Surgery

PATIENT PARTICIPATION GROUP MEMBERSHIP FORM

Name:			
Address			
Postcode:		Contact Telephone:	
Email Address:			

We would like to make sure our patient group represents the range of patients in our practice. The additional information below will help us to evaluate this. Please tick or provide comment as appropriate. If you prefer not to answer, then leave blank.

Are You?	Male		Female	
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Age Group	Under 16		17 – 24		25 – 34	
	35 – 44		45 – 54		65 – 64	
	65 – 74		75 – 84		Over 84	

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	
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What is your employment status?

Employed		Unemployed		Retired	
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Do have any long term medical conditions

Yes:		No:	
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Thank you.

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