

**THE MEADOWHEAD GROUP PRACTICE  
PATIENT REFERENCE GROUP (PRG)**



**NEEDS YOUR VIEWS!!!!**

Would you like to have a say about the services provided at The Meadowhead Group Practice?

The Meadowhead Group Practice would like to hear your views.

By providing your email details we can add them to a contact list that will mean we can contact you by email every now and again to ask you a question or two.

Fill in the details on the reverse side of this leaflet and hand it back to reception or post it into the secure box and we will add your email address to a contact list.

Your contact details will only be used for this purpose and will be kept  
Safely.



If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception, a patient group representative or post in the box provided.

<b>Name:</b>	
<b>Email address:</b>	
<b>Postcode:</b>	
<b>Mobile Phone Number:</b>	

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

<b>Age: Group</b>	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?

<b>White</b>				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
<b>Mixed</b>				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
<b>Asian or Asian British</b>				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
<b>Black or Black British</b>				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
<b>Chinese or other ethnic Group</b>				
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.*