

## Virtual Patient Reference Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception or email it to [romanwaymedicalcentre@nhs.net](mailto:romanwaymedicalcentre@nhs.net) with PPG as the subject of the email.

Your Name:

Your Email Address: .....

Your Telephone number: .....

Your Postcode: .....

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Please circle \ delete as appropriate

Your Gender: Male \ Female

Your Age:

Under 16

25 – 34

45 – 54

65 – 74

17 – 24

35 – 44

55 – 64

75 – 84

Over 84

The ethnic background with which you most closely identify is:

White British Group \ Irish

Mixed White & Black Caribbean

White & Asian

White & Black African

Asian or Asian British Indian

Bangladeshi

Pakistani

Black or Black British Caribbean

African

Chinese or Other Chinese

Any Other

How would you describe how often you come to the practice?

Regularly \ Occasionally \ Very rarely

Thank you