

PATIENT CONTACT FORM

The Patient Participation Group would like to contact patients occasionally by email and/or text to obtain the views of the widest group of patients possible. If you would like to join the mailing list please complete this form.

|  |  |
| --- | --- |
| Title  |  |
| Forename |  |
| Surname |  |
| Email please print. |  |
| Telephone |  |
| Postcode |  |

To help us ensure our contact list is representative of our local community please indicate which of the following you would most closely identify with?

Gender

Male Female Transgender Prefer not to say Other, please specify

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Age range

Under 16 17-24 25-34 35-44 45-54 55-64 65-74 75-84 85 or over

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Ethnicity

White: White: Mixed: White Mixed: White Mixed: White Asian:
British Irish & Black Caribbean & Black Asian & Black African Indian

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Asian: Asian: Black: Black: Chinese Other:
Bangladeshi Pakistani Caribbean African please specify

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How often do you visit the practice?

Regularly Occasionally Very Rarely

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Signature: …………………………………………………Date: ……………………….

Once completed, please email this form to ledburyhealthppg@gmail.com