

# Tettenhall Medical Practice

## Signing Up For Our 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

<b>Name</b>	
<b>Date of Birth</b>	
<b>Email Address</b>	
<b>Postal Address &amp; Postcode</b>	

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

<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>Age</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"/>

<b>The ethnic background with which you most closely identify is:</b>		
White British <input type="checkbox"/>	Irish <input type="checkbox"/>	White Other <input type="checkbox"/>
Black British <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>
Black Other <input type="checkbox"/>	Pakistani / British Pakistani	Indian / British Indian
Bangladeshi / British Bangladesh <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Mixed : White & Black African <input type="checkbox"/>
Mixed: White & Black Caribbean <input type="checkbox"/>	Mixed: White & Asian <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other (Please specify) <input type="checkbox"/>		

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.