

Adswood Road Surgery

We are trying to find a small group of patients that may be interested in giving us “feedback” about our practice.

If you would be interested in us contacting you occasionally please complete this form and leave it with Reception Staff.

Name:

Address:

..... Tel No:

Email Address:

We would prefer to contact people by email so please indicate if this is not possible.

We have an obligation to make the group representative of the practice population therefore this additional information will help to make sure we try to contact a representative sample of the patients that are registered at this practice.

Please tick below :-

Are you?	Male ()	Female ()
Age: Group	Under 16 ()	17 – 24 ()
	25 – 34 ()	35 – 44 ()
	45 – 54 ()	55 – 64 ()
	65 – 74 ()	75 – 84 ()
	Over 84 ()	

Please indicate 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 ()

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.