

Scott Park Surgery

Virtual Patient Reference Group Contact Form

If you are happy for us to contact you periodically about your experiences and views on improving services and communications, please leave your details below and hand this form back to our Reception Staff.

*Name.....
.....

Ad-
dress.....
..... ≠Tel.....

*Email.....

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				
Age group	Under 16	16-24	25-34	35-44	45-54	55-64
	65-74	75-84	84 and over			

Ethnic origin (please circle as appropriate)

White	British	Other.....	
Mixed	White & Black Caribbean	White & Black African	
	White & Asian	Other.....	
Asian or Asian British	Indian	Pakistani	
	Bangladeshi	Other.....	
Black or Black British	Caribbean	African	Other.....
Chinese or Other Ethnic Group	Chinese	Other.....	

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

Regularly

Occasionally

Very rarely

Thank you.

* The information you supply will be used to contact you by email for your opinion on a range of topics in connection to the PRG and its business. **Please note that no medical information or questions will be responded to.**

≠Please note that consent to contact via mobile phone (phone call or SMS) will be assumed when a mobile phone number is provided to the Practice unless advised by you.