

Would you like to have a say about the services provided at Chells Surgery?

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception or post in the prescription box.

Name:

Email address:

Postcode:

This additional information will help to make sure we try to speak to a representative sample of patients that are registered at this practice.

Are you? Male Female

Age: Group	Under 16		17 – 24	
	25 – 34		35 - 44	
	45 - 54		55 - 64	
	65 - 74		75 - 84	
	Over 84			

To help us ensure our contact list is representative of our local community 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	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very Rarely	<input type="checkbox"/>

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. 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.