

Would you like to join our Patient Participation Group?

We have started a Patient Participation Group.

This group will help us to identify areas which we can improve or change, help us set goals and hopefully see some positive results for our patients and surgery.



It will be in the form of a simple survey or questionnaire on-line.

If you are interested, would you be so kind as to complete your details and return this form to Reception.

Name:

Address:

.....

.....Postcode:

E-Mail Address (**IMPORTANT**):

To help us ensure our contact list is representative of our surgery as possible, please complete the following:

Demographic details:

Gender: Male Female

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

Ethnicity:

British White <input type="checkbox"/>	British Mixed <input type="checkbox"/>	Irish <input type="checkbox"/>
Black, other mixed <input type="checkbox"/>	Asian <input type="checkbox"/>	Chinese <input type="checkbox"/>
Ethnic Mix <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Polish <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>	

Disability:

Are you a wheelchair user, hearing or visually impaired etc? Tick only if Yes

Please write any comments on your disability (optional):

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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 our rules to make sure that this information is handled properly.

Yours sincerely

The Dorchester Road Surgery