

Please confirm your contact details

Patient No:

(This can be found on your repeat prescription request slip)

Name:

Email address:

Postal address:

Home Telephone Number:

Mobile Number:

Email Signup Form

We value your privacy. Your e-mail address will be used only for notifications you opt to receive. Your information will never be sold or distributed to a third-party. **Our preferred method of contact is via email, however if you do not have an email address we will contact you via post.**

- I agree to my doctor or the surgery staff contacting me by e mail regarding my care
- I agree I am happy to receive the Practice Newsletter and Annual Practice Survey by e mail
- I agree to be contacted by the Friends of the surgery regarding Health & Social Events

My three main priorities for the surgery are

- 1.
- 2.
- 3.

(This may include appointments, opening hours, cleanliness of our premises, commissioning etc)

Please continue on second page

This additional information will help to make sure we try to speak to a representative sample of the patients who are registered with the practice.

Are you? Male Female

Age:	16 and <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"/>
	85 and over <input type="checkbox"/>			

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

Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Rarely <input type="checkbox"/>
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To help us ensure our contact list is representative of our local community please indicate with which of the following ethnic background you would most closely identify?

White

British Group <input type="checkbox"/>	Irish <input type="checkbox"/>	Other White <input type="checkbox"/>
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Mixed

White & Black <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
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Asian or Asian British

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
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Black or Black British

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
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Chinese or other

Chinese <input type="checkbox"/>	Any Other <input type="checkbox"/>
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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.