

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 only be used for surgery use. 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 continue to contact you via post.

- I agree to the practice contacting me regarding my care and receiving the practice quarterly newsletter

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 <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"/>	

Do you have children registered at the surgery? Yes No

Age:	0-1 <input type="checkbox"/>	1-3 <input type="checkbox"/>	3-5 <input type="checkbox"/>	6-10 <input type="checkbox"/>	11-15 <input type="checkbox"/>	16-18 <input type="checkbox"/>
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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 which of the following ethnic background you would most closely identify with?

White	British Group <input type="checkbox"/>	Irish <input type="checkbox"/>	Other white <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	
Chinese or other ethnic	Chinese <input type="checkbox"/>	Any other <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