

## WE'D LIKE YOUR VIEWS ON OUR SERVICES

We are encouraging patients to give their opinions about the services provided at your Surgery. We would like to be able to find out the views of as many of our patients as possible by sending you an email every now and again with one or two questions to answer.

If you are interested in helping to improve the services that we offer, then please complete the short form attached to this letter and return to us. We will then add your email address to a contact list. Your contact details will only be used for this purpose and will be kept safely.

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

**Name:**

**Email Address:**

**Postcode:**

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

**Are you:**     **Male**                         **Female**  

<b>Age Group</b>	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?

<b>White</b>					
British Group		Irish			
<b>Mixed</b>					
White & Black Caribbean		White & Black African		White & Asian	
<b>Asian or Asian British</b>					
Indian		Pakistani		Bangladeshi	
<b>Black or Black British</b>					
Caribbean		African			

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

<b>Regularly</b>	
<b>Occasionally</b>	
<b>Very Rarely</b>	

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 1988 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.