

Chilcote Surgery – Patient Consultant Group

Are you interested in improving the services we offer to our patients and the future development of Chilcote Surgery?

Are you happy to be asked for your opinions by email and to have your feedback included in our planning and development process?

If yes, then please complete this form and return to reception to become part of our Patient Consultant Group.

If you are happy for us to contact you periodically by **email**, please complete your details below and hand this form back to reception. If you later do not wish to be contacted by email, please tell a member of staff, write to us or email chilcote.surgery@nhs.net. Thank You

Name: _____

Email address: _____
(please use block capitals)

Telephone number: _____

This additional information will help to make sure we try to contact a representative sample of patients that are registered at this practice. Please tick the appropriate boxes.

Please select:	Male		Female	
Age Group:	16-24		55-64	
	25-34		65-74	
	35-44		75-84	
	45-54		Over 85	

Please select if appropriate: I have a Learning Disability

I attend the clinic at the Leonard Stocks Centre

I reside in a Nursing Home or Residential Home

Please indicate which of the following ethnic backgrounds you would most closely identify with.

White British		Indian	
British		Pakistani	
White		Bangladeshi	
Irish		Black or Black British	
Mixed		Caribbean	
White & Black Caribbean		African	
White & Black African		Chinese or other ethnic group	
White & Asian		Chinese	
Asian or Asian British		Any other	

The information that you supply us will be used lawfully, in accordance with Data Protection Legislation. Data Protection Legislation 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.