Liquorpond Surgery Patient Participation Group

Patient Application Form

CONTACT DETAILS

Title (Please delete) : Mr / Mrs / Miss / Ms / Dr / Rev / Other ……..

Full Name : ……

Address : ……

Postcode : ……

Contact Tel No : ……

Email address : ……

ADDITIONAL INFORMATION

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice. All the information you give will be kept completely confidential.

* Are you a carer (i.e. do you care for someone who, due to disability, illness or old age, is unable to look after themselves) ? YES / NO

* Do you yourself have any long-standing illness, disability or infirmity? (Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time) YES / NO

    * If 'YES', does this illness or disability limit your activities in any way? YES / NO

* To help us ensure that our contact list is representative of our local community, please indicate which of the following groups you belong to. **Please tick one box only**.

White		**Black or Black British**	
British		Caribbean	
Irish		African	
Any other White background (Please give further details below)		Any other Black background (Please give further details below)	

Mixed		**Asian or Asian British**	
White & Black Caribbean		Indian	
White & Black African		Pakistani	
White & Asian		Bagladeshi	
Any other Mixed background (Please give further details below)		Any other Asian background (Please give further details below)	

Other ethnic categories		**Further details (if appropriate)**
Chinese		
Any other ethnic category (Please give further details)		

* How many appointments would you say you have attended at the surgery in the last 12 months?

Less than 2	
Between 2 and 9	
10 or more	

CONSENT

MANY THANKS FOR YOUR HELP. NOW PLEASE SIGN AND DATE THIS FORM

I consent to the practice contacting me on Patient Participation Group issues (including by email, if I have provided my email address above)

Please Sign : ……

Date : ……