

The Heath Surgery

PATIENT PARTICIPATION GROUP APPLICATION FORM

NAME	ADDRESS	E MAIL / TELEPHONE NUMBER

We would like to make sure our patient group represents the range of patients in our practice. It would help if you would answer the questions below which are designed to do this. Just leave any blank if you do not wish to answer these. Delete or ring as appropriate

Gender	Male / Female
Marital status	Married / Single
Age	Under 16 17 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 Over 74
Ethnic origin	White British White Irish Other White Background Mixed White and Black Caribbean Mixed White and Black African White and Asian Other Mixed Background

	Indian Pakistani Bangladeshi Other Asian Background Caribbean African Other Black Background Chinese Other Not Given
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How often are you in the practice?	
Do you use other health services outside the practice (e.g. hospitals, clinics or emergency doctors? Please list.	
Are you a registered carer	

Thank you for your support.