



CHILLINGTON HEALTH CENTRE – PATIENT PARTICIPATION GROUP

The Patient Reference Group

If you are happy for the Health Centre to contact you periodically by email please leave your details below and either send the completed form to the Health Centre or hand it in at Reception.

Name:

Email Address: Postcode :

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Your Age:	Under 16 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	17 – 24 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	45 – 54 <input type="checkbox"/>
	65 – 74 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>	75 – 84 <input type="checkbox"/>	Over 84 <input type="checkbox"/>	

The ethnic background with which you most closely identify is:

White	British Group <input type="checkbox"/>	Irish <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	Chinese <input type="checkbox"/>	Any Other <input type="checkbox"/>	

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

Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Very rarely <input type="checkbox"/>
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The Patient Participation Group

All patients aged 16 years or over are eligible to join the PPG and those who have consented to being on the Reference Group automatically become members of the PPG. Without specific consent the names and contact details of patients cannot be made available to other patients or to the patient members of the PPG’s Lead Team. This restricts the ability of both the Health Centre and the PPG to contact patients as a group or in groups on matters of general interest.

CONSENT

I consent to my name and contact details being disclosed to the patient members of the PPG and the Lead Team.

Date: _____ Signature: _____

Thank you

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.

Please note that we will not respond to any medical information or questions received through the survey