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CONTACT FORM

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

Name:
Email address:
Postcode:

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.

Are you? Male female

Age: Group	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?

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

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

Regularly	
Occasionally	
Very rarely	

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 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.