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

Name ………………………………………………………………………….

Email Address …………………………………………………………….

Telephone …………………………………………………………………..

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 □ Female □

***Your Age:***

Under 16 □ 25 – 34 □ 45 – 54 □ 65 – 74 □ 17 – 24 □

35 – 44 □ 55 – 64 □ 75 – 84 □ Over 84 □

***The ethnic background with which you most closely identify is:***

White British Group □ Irish □

Mixed White & Black Caribbean □

 White & Asian □ White & Black African □

Asian or Asian British Indian □

 Bangladeshi □ Pakistani □

Black or Black British Caribbean □ African □

Chinese or Other Chinese □ Any Other □

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

Regularly □ Occasionally □ Very rarely □

***What is your main surgery?***

Annandale □ Manchester Rd □ Toft Rd □

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