**Virtual Patient Reference Group**

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception or email it to romanwaymedicalcentre@nhs.net with PPG as the subject of the email.

Your Name:

Your Email Address: ………………………………………………………………….

Your Telephone number: ………………………………………………………………….

Your Postcode: ………………………………………………………………….

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

Please circle \ delete as appropriate

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

Thank you