

Irchester Surgery / Summerlee Medical Centre

Patient Participation Group Registration Form



Patient Participation Group

Yes I would like to be part of your Patient Participation Group

Name:	
Email Address:	
Contact Number:	
GP Surgery:	

This additional information is to make sure that we have a representative sample of the local community of patients registered at this practice.

Please answer by entering an X in the box that applies to you

Are You:

Male		Female	
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Employed Full / Part-time		Retired		Unable to work due to health	
In full time education		Unemployed		Looking after home / family	

Age:

17 – 24		55 – 64	
25 – 34		65 – 74	
35 – 44		75 – 84	
45 – 54		Over 84	

Please indicate which ethnic background you most closely identify with? _____

How would you describe how often you come to the medical centre?

Regularly	
Occasionally	
Very Rarely	

Please post your form to the surgery or hand it in at reception. The Practice Manager will pass this information to the Patient Participation Group with your consent.

Thank you