

Friends of Lakeside (PPG) www.friendsoflakesideppg.org.uk

We are compiling a contact list of email addresses so that we can contact you by email every now and again to ask you a question or two on a variety of topics affecting patients at Lakeside. **Are you interested in giving your views?**

Please provide your contact details on this form; we will only use information to contact you and will keep your details safely. 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 the Lakeside Medical Practice.

Are you? Male Female

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

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	<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 ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

How would you describe how often you visit the doctor?

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>



If you wish to become a Friend of Lakeside rather than join the Virtual Patient Group, please complete this form and we will contact you.

PLEASE TICK HERE

Thank you. Please note that no medical information or questions will be responded to.

PLEASE RETURN COMPLETED FORMS TO RECEPTION