Grange Park Surgery

Dr Roger B Goodwin-Jones Dr Stephen W Day Dr Lincoln Jowett Dr Caroline Rayment

Associate GPs: Dr Alison Holt; Dr Sarah Hattam

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Patient Reference Group Sign-up Form

Name :							
Postal Address							
Email address							
How would you pre	fer to be c	ontacted? (delete as ap	opropriate)	E-n	nail or Post	
Are you	Male	Fema	ale				
7.10 you	maio	1 01110			Age	Group	
				Under 16		17 – 24	
				25 – 34		35 – 44	
How would you describe how often you come to				45 – 54		55 – 64	
the practice?				65 – 74		75 - 84	
·				Over 84			
Regularly					1	<u>'</u>	
Occasionally							
Very rarely							
To help us ensure of					se indi	cate which of the	
following ethnic bac	kground y	ou would m	nost closely	identify with?			
White							
British Group			Irish	Irish			
Mixed							
White and Black Caribbean			White	White and Black African		White and Asian	
Asian or Asian British						-	
Indian			Pakis	Pakistani		Bangladeshi	
Black or Black Bri	tish						

Thank you

Caribbean

Chinese

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Chinese or other ethnic Group

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 the rules to make

African

Any other