

Heywood Family Practice

Signing Up For Our Patient Participation 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.

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 Non-binary Prefer not to say
Female Transgender Other

Your Age:

Under 16 17 – 24
25 – 34 35 – 44
45 – 54 55 – 64 Over 84
65 – 74 75 – 84

The ethnic background with which you most closely identify is:

White British Group
Irish
Mixed White & Black Caribbean White & Black African
White & Asian
Asian or Asian British Indian Pakistani
Bangladeshi
Black or Black British Caribbean
African
Chinese or Other Chinese Other

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

Regularly Occasionally Rarely

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