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Hook Surgery Patient Reference Group Sign-up Form
 in association with Merritt Medical Centre Patient Participation Group

Thank you for agreeing to take part in Hook Surgery's Patient Reference Group. In collaboration with the Patient Participation Group, we will occasionally send out a survey to the email address you provide (or postal address if you do not have email) with questions about the care and services we provide. Your answers will help us to know how well we are meeting your needs and what we can do to improve.

We ask for your name and address both to know where to send the surveys and to confirm that you are a patient with us. The data from the surveys will be anonymised and will not be linked to your name. We are asking further questions such as your age and ethnicity in order to ensure we have a representative sample of responses.

Name: _____
 Email address: _____
 Home address: _____

Sex: Male / Female

Age: under 17 17-24 25-44 45-64
 65-74 75-84 85 or over

Ethnicity:

		Please tick
White	British	
	Irish	
	Other White	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Other Mixed	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Sri Lankan	
	Korean	
Black/Black British	Black Caribbean	
	Black African	
	Other Black	
Other Ethnicity	Chinese	
	Other Ethnic Category	

How often do you visit the surgery?

more than 4 times a year 2-4 times a year once a year or less

If you do not want to be contacted by the Patient Participation Group about surgery events, please tick this box.

Please return this form to the surgery by hand or post.