



If you are happy for us to contact you periodically please leave your details below and hand this form back to reception. You can also find a contact form on our website www.verwoodsurgery.co.uk to download . Please complete your details and return the completed form to reception and we will add your details to a contact list.

Name:

Postcode:

Email address:

Telephone Number:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you - Male Female

Age Group - Under 16 17 – 24 25 – 34 35 – 44

45 – 54 55 – 64 65 – 74 75 – 84 Over 84

To help us ensure our contact list is representative of our local community please indicate which of the following most closely identify with?

Ethnicity

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 ethnic Group: Chinese Any Other

Employment Status

Employed + work locally Employed + commute to another area

Self employed Looking for work Other

Do you have a carer or care for someone?

I care for someone I have a carer N/A

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

Regularly Occasionally Very rarely

Thank you