**Signing up for Patient Reference Group**

***WELLINGTON***

**Medical Practice**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Address: |  |
| Email Address: |  |
| Home Phone Number: |  |
| Mobile Phone Number: |  |

Your Gender

Male

Female

Your age

Under 16 17-24 25-34 35-44 45-54 55-64 65-74

75-84 over 84

**The ethnic background with which you most clearly identify is:**

White

British Group Irish

Mixed

 White and Black Caribbean White and Asian

 White and Black African

Asian or Asian British

 Bangladeshi Indian Pakistani

Black or Black British

 Caribbean African

Chinese or Other

 Chinese Any Other

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

 Regularly Occasionally Very Rarely

|  |  |
| --- | --- |
| Signature: | Date: |