

## WICKHAMBROOK SURGERY CONTACT FORM

If you are happy for us to contact you periodically by email please give your details below and hand this form in to reception or e-mail it to [jane.seiler@nhs.net](mailto:jane.seiler@nhs.net)

**Name:**  
**Email address:**  
**Postcode:**

The following 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 ethnic background you would most closely identify with?

<b>White</b>					
British Group	( )	Irish	( )		
<b>Mixed</b>					
White & Black Caribbean	( )	White & Black African	( )	White & Asian	( )
<b>Asian or Black British</b>					
Indian	( )	Pakistani	( )	Bangladeshi	( )
<b>Black or Black British</b>					
Caribbean	( )	African	( )		
<b>Chinese or other ethnic group</b>					
Chinese	( )	Any other	( )		

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

Regularly                      ( )                      Occasionally                      ( )                      Very Rarely                      ( )

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 rules to make sure that this information is handled properly.

Please note that no medical information or questions will be responded to.