Waterloo Medical Centre

178 Waterloo Road

Blackpool

Lancs

FY4 3AD

Our Patient Link Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception.

**Name :**

**Email Address :**

**Post Code :**

The 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 closely identify with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | [ ]  | Other | [ ]  |  |  |

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

|  |  |
| --- | --- |
| Regularly | [ ]  |
| Occasionally | [ ]  |
| Very Rarely | [ ]  |

Thank you.

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

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.