Dr S Sapre and Partners Aintree Road Medical Centre 1B Aintree Road Bootle L20 9DL

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to Reception, a Patient Group representative or post in the 'secure box'.

Name:

Email address:

Postcode:

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.

Male 🗆	Female]	
Age:	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?

White			
British Group	Irish		
Mixed			
White & Black Caribbean	White & Black	White & Asian	
Asian or Asian British			
Indian	Pakistani	Bangladeshi	
Black or Black British			
Caribbean	African		
Chinese or other ethnic			
Chinese	Any 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.