



**Signing up for our Patient Participation Group**

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

**Name:** .....

**Email Address:** .....

**Telephone:** .....

**Postcode:** .....

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

**Your Gender:** Male  Female

**Your Age:** Under 16  17 – 24  25 – 34   
35 – 44  45 – 54  55 – 64   
75 – 74  75 – 84  Over 84

**The ethnic background you most closely identify with is:**

**White** British  Irish  Other   
**Mixed** White & Black Caribbean  White & Asian   
White & Black African   
**Asian or** Indian  Pakistani   
**Asian British** Bangladeshi   
**Black or** Caribbean  African   
**Black British**  
**Chinese or** Chinese  Other   
**Other**

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

Regularly  Occasionally  Very Rarely

Thank you

**Please note that we will not respond to any medical information or questions received through the surgery**

Park View Surgery  
148 Castleford Road  
Normanton  
WF6 2EP

Tel: 01924 224299  
Fax: 01924 220252

FMC Health Solutions  
8-10 High Street  
Ferrybridge  
WF11 8NQ

**Partners**

Dr C.A. Pinder  
Dr A.D. Mone  
Dr P. Earnshaw  
Dr P. Wynn  
Dr C Phipps-Jones

**Salaried Doctors**

Dr C Speers  
Dr D Marlow