

The Lyndhurst Surgery  
53 Lyndhurst Drive, Leyton, London, E10 6JB  
Tel no: 020 8539 1663 - Fax: 020 8556 1977

## Signing Up For Our Patient Reference Group

If you are happy for us to contact you periodically by email please complete your details below and hand this form back to either reception, post in the 'secure box' or email to wfccg.prglyndhurst@nhs.net

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Comments/ Suggestions:

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What is your sex?

a) Male       b) Female

What age are you?

a) 0-15     b) 16-24     c) 25-34   
d) 35-44     e) 45-54     f) 55-64   
g) 65-74     h) 75-84     i) 85+

What is your ethnic group?

a) White   
b) Mixed/ Multiple ethnic groups   
c) Asian/ Asian British   
d) Black/ African/ Caribbean British   
e) Other ethnic group

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include any issues/problems related to old age)

a) Yes, limited a lot       b) Yes, limited a little       c) No       b) Prefer not to say

Thank you.

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

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.