**BRIDGES MEDICAL PRACTICE**

**Trinity Square Health Centre**

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Patient participation group joining form

The purpose of the Patient Participation Group is to involve patients in decisions about the range and quality of services provided. Overall, the aim is to promote the proactive engagement of patients through the use of an effective patient participation group and to seek views from practice patients through the use of surveys and other forms of feedback.

If you are happy for us to contact you from time to time by telephone, letter or e-mail, please hand this form in to reception or e-mail us. We may invite you to come along to meetings to discuss practice developments but this is not compulsory.

Name:

Postcode:

Telephone Number:

E-Mail Address:

Preferred method of contact:

This additional information will help us make sure we speak to a representative sample of our patient population.

Are you?  Male      Female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Group** | Under 16 |      | 17 - 25 |       |
|  | 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 what religion and ethnic background you most identify with

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion** |  |  |  |
| No religion |  | Jewish |  |
| Christian |  | Muslim |  |
| Buddhist |  | Sikh |  |
| Hindu |  | Other religion |  |
| Rather not say |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British Group |  | Irish |  |  |  |
| **Mixed** |  |  |  |  |  |
| White & Black Carribean   |  | White & Black African |  | White & Asian |  |
| **Asian or Asian British** |  |  |  |  |  |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British** |  |  |  |  |  |
| Carribean |  | African |  |  |  |
| **Chinese or other ethnic Group** |  |  |  |  |  |
| Chinese |  | Any other |  |  |  |

Other please state

**What areas or services concern you most?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Diabetes |  | Sexual Health |  | Other, please state |  |
| COPD (Emphysema) |  | Heart Conditions |  |  |  |
| Asthma |  | Screening Services |  |  |  |
| Older People’s Services |  | Learning Difficulties |  |  |  |
| Young People’s Services |  | Mental Health  |  |  |  |
| Children’s Services |  | Cancer Services |  |  |  |
| Ante/Post Natal |  | Muscular Skeletal |  |  |  |
| Opening Hours |  | Appointment Times |  |  |  |

**Thank you.**

 *The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 fives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.*