

Patient Reference Group (PRG)



Would you like to have your say about the services we provide? Why not join our “Virtual” Patient Reference Group (PRG) by providing us with your email details so that we can contact you about specific issues discussed by our Patient Participation Group (PPG).

Our Patient Participation Group meets every 3 to 4 months at the practice to:

- Contribute to the improvement of services
- Improve Communication between the practice and its patients
- Help patients take more responsibility for their health
- Provide practical support and to help implement change.

If you are interested please fill out the contact form at the back of this leaflet.

Application to join the Amwell Group Practice Reference Group

*I wish/do not wish** to be contacted periodically by email (*delete as appropriate)

Please leave your details below and hand this form back to reception

Name: _____

Email address: _____

Postcode: _____

The additional information below will help to make sure we are trying to speak to a representative sample of the patients that are registered at the practice.

Are you? Male Female

Age:	Under 16	<input type="checkbox"/>	17-24	<input type="checkbox"/>
	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

To help us ensure our contact list is more representative of our local community please indicate which of the following ethnic backgrounds you would closely identify with?

White	<input type="checkbox"/>			
British Group	<input type="checkbox"/>	Irish		
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black	White & Asian	<input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	Bangladeshi	<input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African		
Chinese of other ethnic				
Chinese	<input type="checkbox"/>	Any Other		

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>

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 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.