

Market Weighton Practice

Patient Participation Group (PPG) contact form

If you would like to join our PPG, and you're happy for us to contact you periodically by email, post or phone, please complete this form and hand it to the Practice reception.

- I can confirm I am a registered patient at Market Weighton Practice

Name: _____

Email: _____

Phone: _____

Address:

I would prefer to be contacted by (please circle):

Email

Phone

Post

Please help us find out more about you by completing the short questionnaire below.

Are you (please circle)?

Male

Female

Transgender

Prefer not to say

What age group are you a part of?

<input type="checkbox"/>	Under 16	<input type="checkbox"/>	55 – 64
<input type="checkbox"/>	17 – 24	<input type="checkbox"/>	65 - 74
<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	75 – 84
<input type="checkbox"/>	35 – 44	<input type="checkbox"/>	85 and over
<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	Prefer not to say

How often do you attend an appointment at the Practice?

<input type="checkbox"/>	Regularly
<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	Very rarely
<input type="checkbox"/>	Prefer not to say

Thank you for taking the time to complete this form. Once handed in at reception, you can expect to be contacted by a member of the PPG Committee shortly.

