

# **LINCOLN HOUSE SURGERY**

**Would you like to have a say about the services provided at your Surgery?**



**We would like to hear your views!**

**Be a part of the Lincoln House  
Patient Participation Group**

**Fill in your details in this leaflet and hand it back to the reception desk  
or post it into the secure box and we will add your email address to the  
contact list.**

(By providing your email details we may contact you to ask you a few questions/  
feedback on the services provided at your surgery)

# Lincoln House Patient Participation Group

Name:

Email address:

Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you? Male  Female

Age: Group   Under 16      17-24     
                  25-34      35-44     
                  45-54      55-64     
                  65-74      75-84     
                  Over 84  

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

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

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

<b>White:</b> British Group <input type="checkbox"/> Irish <input type="checkbox"/>
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<b>Mixed:</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
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<b>Asian or Asian British:</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>
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<b>Black or Black British:</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/>
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<b>Chinese or other ethnic Group:</b> Chinese <input type="checkbox"/> Any Other <input type="checkbox"/>
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Thank you. 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 1998 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.

**For further details, please collect information leaflet from the reception desk or visit the surgery website.**

**ADDRESS:**

**LINCOLN HOUSE SURGERY**  
163 London Road  
Apsley, Hemel Hempstead, HP3 9SQ

**TELEPHONE NUMBER:**

**(01442)254366**

**WEBSITE:**

**[www.lincolnhousesurgery.co.uk](http://www.lincolnhousesurgery.co.uk)**