

The Herschel Medical Centre

45 Osborne Street, Slough, SL1 1TT

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www.herschelmedicalcentre.co.uk

Practice Manager: Louise Bzdek

Dear Patient

THE PRACTICE WISHES TO ESTABLISH A GROUP OF PATIENTS WHO ARE WILLING TO CONTRIBUTE SOME OF THEIR TIME TO THE DEVELOPMENT OF THE PRACTICE AND ITS HEALTH SERVICES.

We are especially keen to make sure that the group is fully representative of our patients and therefore invite anyone with an interest to enquire about joining.

We anticipate that the group will meet **once** a year, but arrangements will also be made for members of the group who are not able to attend in person, but feel that they would like to contribute. We wish to communicate through email for your thoughts or comments on new proposals / CCG meetings and practice designs.

If you would be interested in joining the group, please complete the attached form and the surgery will be in contact with you shortly.

Thank you in advance.

Yours Sincerely

Louise Bzdek
Practice Manager

The Herschel Medical Centre

PATIENT REFERENCE GROUP ENQUIRY / APPLICATION FORM

NAME	ADDRESS	E MAIL / TELEPHONE NUMBER

We would like to make sure our patient group represents the range of patients in our practice. It would help if you would answer the questions below which are designed to do this. Just leave any blank if you do not wish to answer these.

Gender	<input type="radio"/> Male <input type="radio"/> Female
Marital status	<input type="radio"/> Married <input type="radio"/> Single
Age	<input type="radio"/> Under 16 <input type="radio"/> 17 – 24 <input type="radio"/> 25 – 34 <input type="radio"/> 35 – 44 <input type="radio"/> 45 – 54 <input type="radio"/> 55 – 64 <input type="radio"/> 65 – 74 <input type="radio"/> Over 74
Ethnic Group	<input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Carribean <input type="radio"/> African <input type="radio"/> Chinese <input type="radio"/> European <input type="radio"/> Indian <input type="radio"/> Other
Status	<input type="radio"/> School <input type="radio"/> Working <input type="radio"/> Retired <input type="radio"/> Carer <input type="radio"/> Disabled <input type="radio"/> Parent at home

How often have you used the services of the practice in the past year ?	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Have had no need in the past year
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Thanks you for expressing your interest. All applications / enquiries will be acknowledged and you will hear from us again soon.