

# ***Have your say at Hollow Way!***

Calling all patients- please join us in making Hollow Way the best practice possible for you.

## Hollow Way Medical Centre Patient Reference Group

The Hollow Way Medical Centre team are setting up a 'virtual patient reference group'. This is a group of our patients we can **contact by email** to help us decide how to improve our surgery. We would like the group's help in deciding the questions for our **patient surveys** and in deciding **what actions we should take** as a result of those surveys. We would like to make the group as **representative** as we can of our population so will be selecting people from different backgrounds and with different health needs.

If you would like to be part of this process and would allow us to contact you with a few questions now and again by email please collect a form from reception, nurse, doctor or any team member.

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If you would like to have your views heard and would allow us to contact you from time to time by email please leave your details below and hand this form back to reception or to any member of our team.

***Name***

***Date of birth***

***Email address***

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

How old are you?

What is your country of origin/ethnic group?

Do you have a chronic illness that needs regular checks?(What is it )

Are you a carer?

Are you working?

Are you unemployed?

Are you retired?

Do you have children under 5?

Are you housebound?

do you have any disabilities? (if so please say what)

Are you a student from the UK?

Are you a student from overseas

Is English one of your main languages?

Do you have any other special needs that we should consider?

How often do you come to the practice?

*Thank you.      The Hollow Way Medical Centre Team      May 2011*