

# THE LAW MEDICAL GROUP PRACTICE

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**Would you like to have a say about the services provided at Law Medical Group Practice?**

We are aiming to pro-actively engage patients in helping to shape our service and we would like to hear your views.

By providing your email details we can add them to a contact list that will mean we can contact you by email every now and again to ask your views on the practice and gain your suggestions for improvements.

Your contact details will **only** be used for this purpose and will be kept securely. If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception, a patient group representative or post in the 'secure box'.

**Name:**

**Email address:**

**Postcode:**

**Please would you also indicate whether you would like to join our Patient Representative Group. This group meets 2-4 times a year to discuss issues affecting the practice. To join, please tick here**

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.

Are you? Male  Female

Age	Under 16		17-24	
	25-34		35-44	
	45-54		55-64	
	65-74		75-84	
	Over 85			

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic backgrounds you would most closely identify with? Please tick next to the relevant background:

<b>White</b>			
British Group	Irish		
<b>Mixed</b>			
White & Black Caribbean	White & Black African	White & Asian	
<b>Asian or Asian British</b>			
Indian	Pakistani	Bangladeshi	
<b>Black or Black British</b>			
Caribbean	African		
<b>Chinese or any other ethnic group</b>			
Chinese	Any other		

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

Regularly	
Occasionally	
Very rarely	

**We would also be grateful if you could indicate how you got involved in the Patient Representative Group by ticking the relevant box?**

TV in waiting area		Invitation form from reception	
Invitation form from doctor/nurse		Practice website	
Word of mouth		Other	
Current attendee at patient forum		New patient at registration	

*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.*