

# ISLINGTON CENTRAL MEDICAL CENTRE

## Patient Participation

Are you interested in shaping your health service here at Islington Central Medical Centre?

Would you like to be part of our focus groups regarding particular health issues such as diabetes, obesity, alcoholism asthma?

If you would like to be kept informed about patient meetings and events please complete the form below.



Please write in BLOCK CAPITALS

Name: ..... Telephone: .....

Email: .....

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

Are you? Male  Female

<b>Age: Group</b>	<b>Under 16</b>	<input type="checkbox"/>	<b>17-24</b>	<input type="checkbox"/>	<b>25-34</b>	<input type="checkbox"/>
	<b>35-44</b>	<input type="checkbox"/>	<b>45-54</b>	<input type="checkbox"/>	<b>55-64</b>	<input type="checkbox"/>
	<b>65-74</b>	<input type="checkbox"/>	<b>75-84</b>	<input type="checkbox"/>	<b>Over 84</b>	<input type="checkbox"/>

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

<b>White</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
British group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other White	<input type="checkbox"/>						
<b>Asian or Asian British</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Black or Black British</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other black	<input type="checkbox"/>						
<b>Mixed or Other ethnic group</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
White & black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other mixed	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

Please tick the boxes that apply to you:

Yes please, I would like to attend future pan Islington meetings

**PLEASE RETURN TO RECEPTION**