



# The Fountain Medical Centre

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## Invitation to join our Patient Reference Group

We are looking for a representative group of patients with whom we can discuss ideas about the future direction of the practice. If you would like to be involved please complete this form and hand it to a receptionist or pop it in the post to us **as soon as possible**.

### 1. How to contact you

Full Name: .....

Email address: .....

Postal Address: .....

Telephone Number - Home: .....

Mobile: .....

### 2. Information about you

This additional information will help to see how representative our PRG is of our whole practice population.

1. Who is your usual GP (*if known*): .....

2. Gender? Female  Male  Other

3. Age: Under 16  17 - 24   
25 - 34  35 - 44   
45 - 54  55 - 64   
65 - 74  75 - 84   
85 - 89  90+

4. Ethnic group

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

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

Regularly

Occasionally

Very rarely

6. Do any of the following apply to you (tick **all** that apply **currently** to you)

**Maternity and children:**

- Pregnant lady
- Expectant father
- Parent of a young child
- Parent of a teenager

**Patients with Long Term conditions:**

- Diabetes
- Asthma/COPD
- Coronary Heart Disease
- Mental Health

**Medication and Carers:**

- Patient who is on a regular medication
- A Carer of someone disabled, elderly or with a long term health condition

**Fit and healthy:**

- Usually a well women
- Usually a well man

**Occupation:**

- Student
- Worker
- Currently Unemployed / Retired
- Full time Home Carer/Child carer
- Employee/owner of a locally based business

**Disability:**

- Registered disabled – hearing
- Registered disability – sight
- Registered disability - mobility
- Registered disability - Learning Disabilities

**Language:**

- Patient who speak/read English
- Patient for who English is not a first language
- Patient who does not speak/read English

**Patients managed in secondary care:**

- Patient who attend hospital in Leeds
- Patient who attend hospital in Wakefield
- Patient who attend hospital elsewhere

**Registration status:**

- Newly registered patient (within last 12 months)
- Patients registered less than 10 years
- Patients registered 10 years or more

## 3. How would you prefer to be involved

Please select one option:

**GROUP MEETING**

To attend a quarterly group meeting at the practice (times will vary to allow everyone a chance to attend at least some meetings).

**VIRTUAL PANEL**

You will receive three or four emails or letters from us during the year to ask your opinions.

**Thank you!**

**The Practice Manager will contact you to confirm details and will provide further information of what happens next.**

- ❖ Please note that no medical information will be given nor medical questions responded to through this forum.
- ❖ The information you supply to us will be used lawfully and in accordance with the Data Protection Act 1998.