**Patient Representation Group**

**Corbridge Medical Group**

We are inviting volunteers who feel they can represent the views of particular groups of patients and who would like to be involved in shaping the future direction of the practice. We meet around 4 times per year but hope to hope to do most of our work via email or electronic means rather than regular meetings so the time commitment for all involved will be very small.

If you would like to be involved in the group please fill in the form below and hand to a receptionist. We will select those patients who best reflect those sections of the practice which we feel are currently under-represented. For this reason it would help if you could indicate below which groups you feel you can represent by ticking those boxes which apply to you.

**Name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age group: 0-20yrs □ 20-40yrs □ 40-60yrs □ 60-80yrs □ 80+ □**

**Working: working full-time □ working part-time □ retired □ other □**

**How often do you visit the Health Centre for an appointment?**

**0-3 visits per year □ 3-7 visits per year □ 7-12 visits per year □ 12+ visits □**

**Are you on regular repeat medication? Yes □ No □**

**Do we dispense your medication here at the Health Centre? □**

**or do you take/send your prescriptions to a pharmacy? □**

**Parent of school age child? □ Registered Carer for family member? □**

**Relative of a nursing home resident □ Are you registered disabled? □**

**Do you travel by car to the Health centre? □**

**Do you have any immediate concerns about the services provided here at the Health Centre which you feel this group should address?**

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**Thank you for volunteering – those selected to be part of the Group will be contacted by email**