Contact Form

If you are interested in joining our group please complete your details below and hand this form back to reception. If you are happy to be contacted by email periodically then please also leave your email address (otherwise look out on our notice board/website for updates).

Name:_____

Email Address:_____
(by providing your email, you are consenting to Beauchamp House contacting you using this method)

Post code: _____

This 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 Group

18 - 24			
25 - 34		35-44	
45-54		55-64	
65-74		75-84	
Over 84			

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

White		Black Carribean	

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

Regularly	
Occasionally	
Very rarely	

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.