

WOODLANDS MEDICAL PRACTICE

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WoodlandsEastFinchleyGP@nhs.net

If you are happy for us to contact you periodically by email please complete your details below and email it back. Thank you.

Name:

Email Address: Postcode:

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: Under 16 17 – 24
25 – 34 35 – 44
45 – 54 55 – 64
65 – 74 75 – 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: British Irish

Mixed: White & black Caribbean White & Black African White & Asian

Asian or Asian British:

Indian Pakistani Bangladeshi

Black or Black British:

Caribbean African

Chinese or other Ethnic Group:

Chinese Any other

How would you describe how often you come to the practice during the year:

More than 5 Between 1-5

Once or less/year

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.