

**Bourn Surgery Patient Participation Sign-up form**

Name.....

Email address.....

I consent to my email address being added to the distribution list via the PPG web portal in order to receive email communication related to the surgery, including the practice newsletter and annual survey [ ]

To help us monitor how representative our patient group is, it would be helpful if you could indicate the following demographic information:

Sex: Male [ ] Female [ ]

Age: Under 16 [ ] 17-25 [ ] 26-45 [ ] 46-64 [ ] 65-75 [ ] >75 [ ]

Thank-you for your help.