



Hollyns

HEALTH & WELLBEING

Patient Group

I would like to be considered to become a member of the Hollyns Health & Wellbeing Patient Group.

Name

Address

.....

Tel

E-mail Preferred contact method.....

Thank you for the interest you have shown in joining our Patient Group. To ensure we achieve a fair and even representation of our patient population, please indicate in the space below the category of patient you represent.

Please be aware spaces for the group are limited. If we receive a high number of responses from the same category, members will need to be selected at random. Details of any patient not selected will be kept on file and as the Patient Group develops, should an opportunity arise for your involvement we would be delighted to have your input. We will contact you to let you know whether or not you have been selected.

Patient category	Parent of young child	18-40	40-65	65+ years
Able bodied				
Disabled				
Member of minority group				
Long term condition				