

NHS Leicester City Membership

Personal Information and Health Interests



Leicester City

We would like to hold your information in our database. It will be used to contact you regarding the health issues you express an interest in. Please tick the box to give your consent.

Yes, I give permission for you to hold my details Date: _____

How did you hear about NHS Leicester City Membership? _____

Forename: _____ Surname: _____

Title: Mr/Mrs/Miss/Ms Other _____

What do you want us to call you (i.e. John or Mr Smith): _____

Email: _____ Twitter Name _____

Tel. No: _____ Mobile: _____

Address: _____

Postcode: _____ Year of birth _____

Which Doctor and Practice are you registered with?

How you would like to receive information?

By post By email By telephone

If you ticked 'By email' please make sure you remember to give us your email address.

You can get involved as much or as little as you like. Please tick your preferences below.

Workshops/discussion groups Events and Public meetings
 Surveys and Questionnaires I would only like to receive information

Please tick your interests below:

<input type="checkbox"/> All below	<input type="checkbox"/> Medicines
<input type="checkbox"/> Cancer	<input type="checkbox"/> Intermediate Care and Rehabilitation
<input type="checkbox"/> Long Term Conditions	<input type="checkbox"/> Children & Maternity Services
<input type="checkbox"/> GP Services	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Staying Healthy	<input type="checkbox"/> Dental Services
<input type="checkbox"/> Research	

Other (please specify) _____

Thank you for your time in filling in this form. **Please complete the details overleaf**, and then return this form to us at: Freepost RRUE-JRBR-RGGT, Leicester City Primary Care Trust, 1st Floor, St John's House. 30 East Street. LEICESTER LE1 6NB

EQUALITY MONITORING FORM

We collect and monitor this information to ensure that we are treating all people fairly and to help us identify any barriers that may need to be addressed. Thank you for completing this form.

1. What is your age range?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 50 – 59 |
| <input type="checkbox"/> 16 – 19 | <input type="checkbox"/> 60 – 69 |
| <input type="checkbox"/> 20 – 29 | <input type="checkbox"/> 70 – 79 |
| <input type="checkbox"/> 30 – 39 | <input type="checkbox"/> 80+ |
| <input type="checkbox"/> 40 – 49 | <input type="checkbox"/> Prefer not to say |

2. Do you consider yourself to have a disability according to the terms given in the Disability & Discrimination Act 2005 (DDA) ?

DDA defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer and multiple sclerosis (MS) are also covered.

- Yes No Prefer not to say

If so please state your disability or disabilities

- Hearing impaired
 Learning Disability
 Long Term condition
 Mental Health
 Physical impairment
 Visual and Hearing impairment
 Visual impairment
 Wheelchair user
 Any other, please write below
-

3. What do you consider your Ethnicity to be?

A Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Any other Asian heritage, please write below
-

B Black or Black British

- African
 Caribbean
 Any other Black background, please write below
-

C Chinese

- Chinese

D Dual or Mixed Heritage

- White & Asian
 White & Black African
 White & Black Caribbean
 Any other mixed heritage, please write
-

E Other Ethnicities

- Gypsy or Traveller
 Other ethnic group, please write
-

F White

- British
 Irish
 Any other white heritage, please write
-

G Not Stated

- Prefer not to say

4. What is your gender?

- Female Male Prefer not to say

5. What is your religious identity or belief?

- Baha'i
 Buddhist
 Christian (Including Church of England, Catholic and all other Christian denominations)
 Hindu
 Jain
 Jewish
 Muslim
 Sikh
 None
 Prefer not to say
 Any other religion or belief, please write below
-

6. What is your sexual orientation / sexual identity?

- Bisexual Heterosexual / Straight
 Gay Man Lesbian / Gay Woman
 Prefer not to say
-

7. Preferred written language?

8. Preferred spoken language?

Areas of Interest

NHS Leicester City will be concentrating on the following health areas over the next year. We are looking for members to get involved in a number of different activities in relation to these areas.

Please tick the areas of interest that you would like to get involved with.

Tick here

<p>1. Primary medical care is the front line in treating most ailments. It includes GPs, community nurses, dentists, pharmacists, optometrists and ophthalmic medical practitioners. It offers the most effective way of treating the largest number of people for the most common conditions.</p>	
<p>I would like to be involved in the Primary medical care work</p>	
<p>2. Cardiovascular disease is one of the city's biggest killers. It includes a range of heart and blood-vessel conditions, which can lead to strokes or heart attacks. Unhealthy diet, smoking and lack of exercise are often major causes. Screening for risk factors and early detection could prevent many problems.</p>	
<p>I would like to be involved in the Cardiovascular disease work</p>	
<p>3. Mental ill health is estimated to affect around a quarter of the city's population at some time in their lives. It includes stress, anxiety, depression and dementia.</p>	
<p>I would like to be involved in the Mental ill health work</p>	
<p>4. Intermediate care and rehabilitation Improving intermediate care and rehabilitation will help tackle the city's over-reliance on using Accident and Emergency Units for problems with are neither accidents nor emergencies. Treatment in a hospital bed is often not the best solution and it costs the most to provide. It drains cash from other services.</p>	
<p>I would like to be involved in the Intermediate care and rehabilitation work</p>	

5. The Next Stage Review looks at how best we deliver services to patients, over the next ten years. Locally this has been called 'Excellence for All'. The local organisations involved are NHS Leicester City, NHS Leicestershire County and Rutland, University Hospitals of Leicester, Leicestershire Partnership Trust and the East Midlands Ambulance Service. The vision of Excellence for All was drawn up because we believe that everyone living locally should have fair access to excellent healthcare services no matter where they live, and regardless of their circumstances. These services have been broken down into:

- | | |
|---|-------------------------|
| 1. Maternity and Newborn | 5. Acute care |
| 2. Children and young People | 6. Planned care |
| 3. Helping people stay healthy conditions | 7. Long-term conditions |
| 4. Mental health and learning disability | 8. End-of-life care |

I would like to be involved in the Next Stage Review work

Name

Address

Postcode

Tel No

Email address