

PATIENT REFERENCE GROUP

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 Group
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

Shaping your Services



Thank you for completing this form.

Please note: no medical information or questions will be responded to.

The information you supply us with 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.

OUR PATIENT GROUP NEEDS
YOUR VIEWS!

PLEASE JOIN OUR CONTACT LIST

JOIN OUR PATIENT REFERENCE GROUP

Would you like to have a say about the services provided at Fitzalan Medical Group?

We would like to hear your views.

YOUR VIEWS MATTER

We are encouraging patients to give their views about how the practice is doing. We would like to be able to find out the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so we can contact you by e-mail every now and again to ask you a question or two.

Are you interested in leaving your e-mail address (if you have one)?

If you could fill in this quick form and hand it back to reception (or provide your details over the telephone) we will add your e-mail address to our contact list.

Your contact details will only be used for this purpose and will be kept safely.

Common patient questions and answers

Q. Why are you asking people for their contact details?

A. We would like to be able to contact people occasionally to ask them questions about the surgery and how well we are doing to identify areas for improvement.

Q. Will my doctor see this information?

A. This information is purely to contact patients to ask them questions about the surgery, how well we are doing and ensure changes that are being made are patient focused. If your doctor is responsible for making some of the changes in the surgery they might see general feedback from patients.

Q. Will the questions you ask me be medical or personal?

A. We will only ask general questions about the practice, such as short questionnaires.

Q. Who else will be able to access my contact details?

A. Your contact details will be kept safely and securely and will only be used for this purpose and will not be shared with anyone else.

Q. How often will you contact me?

A. Not very often may be 2 or 3 times a year

Q. What is a patient group/patient participation group?

A. This is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need.

Q. Do I have to leave my contact details?

A. No, but if you change your mind, please let us know.

Contact Form

If you have an e-mail facility, and are happy for us to contact you periodically by e-mail please leave your details below and hand this form back to reception, or post in the 'secure box':

Name:

Address:

Postcode:

e-mail address:

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:

What is your current age:

How Often do you come to the practice:

Regularly

Occasionally

Very Rarely

Continued over