Feedback

We are continually looking to turn our patients’ feedback into real improvements in the services we provide. We use it to focus on the things that matter most to our patients, carers and their families.

We would like to hear from you if you have a suggestion on how we can do things better to improve our patients’ experiences.

We’d also like to hear from you if you are pleased with the service you’ve received. We’ll let the staff involved know and share the good practice across our teams.

YOUR DETAILS

Name:

Date of Birth:

Phone Number:

Email Address:

FEEDBACK

Please include your feedback below:

THIS FORM COLLECTS YOUR NAME, DATE OF BIRTH, EMAIL, OTHER PERSONAL INFORMATION AND MEDICAL DETAILS. THIS IS TO CONFIRM YOU ARE REGISTERED WITH THE PRACTICE, TO ALLOW THE PRACTICE TEAM TO CONTACT YOU AND ALSO TO UPDATE YOUR MEDICAL RECORDS HELD BY THE PRACTICE AND OUR PARTNERS IN THE NHS. PLEASE READ OUR PRIVACY POLICY TO DISCOVER HOW WE PROTECT AND MANAGE YOUR SUBMITTED DATA.

I consent to the practice collecting and storing my data from this form:

Date: