



Luson Surgery Virtual Patient Group Enrolment Form

It is important that we find out what you think of us, and how we can improve or develop services that are appropriate to meet patient needs. Occasionally we would like to have a group of patients to approach for their thoughts regarding proposed changes in service.

This will usually be done via email, but if you don't have e-mail we can contact you by post. We will either send you a survey form for you to complete or other information on which we would welcome your thoughts. We will not ask you to comment on a service that you have not experienced, and will not ask for your comment more than 3 times in a 12 month period.

If you are interested in helping us, please, kindly use the attached form to enrol. All information will be kept totally separate from your clinical files, and is only used by the practice in their evaluation of services and development of new services at Luson Surgery.

Thank you for your support

Doctors & Staff at Luson Surgery

To The Practice Manager
Luson Surgery

Name	
DOB	
Gender (please circle)	Male Female
Ethnic Origin	
Address	
Email address	

I hereby enrol on Luson Surgery Virtual Patient Group and authorise Luson Surgery to email me with patient surveys for me to comment and complete, (please tick/cross).