

Glastonbury Health Centre
Virtual Patient Group Enrolment Form

Thank you for your interest in joining the health centre's virtual patient group. It is important that we find out what you think of us and how we could improve or develop services that are appropriate to meet patient need. This is done via email.

As previously mentioned, the health centre will email you a patient survey that we ask you to complete. We would not ask you to comment on a service that you have not experienced and would 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 form attached to enrol. All information will be kept totally separate from your clinical files and is only used by the health centre in their evaluation of services and development of new services at the health centre.

Kind regards and thank you for your support

Doctors & Staff at Glastonbury Health Centre.

Name _____

DOB _____ Gender (please circle) Male Female

Address _____

Email address: _____

Would you like to receive the practice newsletter via an email attachment? (Please circle) YES / NO

I hereby enrol on Glastonbury Health Centre Virtual Patient Group and authorise the health centre to email me with patient surveys for me to comment and complete, (please tick/cross).