# <u>St Peter's Medical Centre and Albion Street</u> <u>Patient feedback form</u>

| Name          |  |
|---------------|--|
| Address       |  |
| DOB           |  |
| Contact no    |  |
| Email address |  |

# Do you have any questions you would like to ask that are not covered by the FAQs?

### Do you consent to receive a text or email response?

- □ SMS
- E-MAIL

# Your consent will be recorded on your medical records. If you do not want to receive text messages or emails from us, please tick here $\Box$

#### Returning the form:

**By Email**: Please email either bhccg.clinicalstpeters@nhs.net or albionstreetsurgery@nhs.net **By Letter**: Please send to us at your usual practice address, and mark it for the attention of the Reception Manager.