

**GAINSBOROUGH PRACTICE
PATIENT CONTACT DETAILS UPDATE FORM**

Please update us with your contact details so that we can ensure we have your current information.

Patient Name: Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ **Email Address:** _____

Home Telephone Number: _____ **Mobile Telephone Number:** _____

Home Address: _____

_____ **Postcode:** _____

=====
Next of Kin name: Title: _____ First Name: _____ Surname: _____

Relationship to patient: _____ **Are you their designated carer:** Yes / No

Can we discuss your medical records with them? Yes / No

Home Telephone Number: _____ **Mobile Telephone Number:** _____

Home Address: _____

_____ **Postcode:** _____

=====

PATIENT PARTICIPATION GROUP - SIGN UP SHEET

The Gainsborough Practice aims to involve patients in relevant issues relating to the Practice and to respond appropriately to patients' views and experiences. The Gainsborough Practice provides medical services for its local community in north Bracknell and has a total of approximately 10,000 patients.

Our patient group works with the practice, meeting four times a year in early evening for open informal discussion – informative and constructive, with most topics being local issues to the Practice. Notes from our meetings are published on the practice website.

A key role of the group is to help bring together patients, doctors and members of the practice team to work in partnership in order to promote the wellbeing of patients and support the practice to provide a high quality of care and service delivery. We aim to have membership from across the local community. The group carries out an annual patient survey, and follows up what patients say. Results from our surveys have helped review, change, and improve the services for our patients.

Patient Group meetings are held for people who are prepared to get involved and help, and who register as members giving their email contacts details. If you just would like to support us and be kept informed you can register for our Virtual Group giving your mobile phone contact details for messages. These may flag updates to the practice website that may be of interest.

To register your interest in the Patient Participation Group please tick as applicable:

- I apply to participate in patient group meetings and activities
(Please supply your email address at the top of this form)
- I would like to be kept informed- please register me as a 'Virtual Group Member'
(Please supply your mobile phone number at the top of this form)

Thank you for completing this form - once completed please take it to reception at the surgery.