**Workbook:** Patient Feedback

**Example** Patient participation information form

**[Please adapt this for your own purposes]**

I am collecting feedback from patients to help me to provide even better care for my patients. Your feedback can help me to provide better care for patients.

This anonymous questionnaire asks about your experience of my practice – both areas that are going well and areas where I can improve.

Any views that you provide are entirely voluntary and anonymous and you can withdraw from the survey at any time.

Your response to the survey will be taken as consent to participate. The survey will take about 5 minutes to complete.

The results of the survey will only ever be published in forms that cannot identify you as an individual. The collective results may be shared with my peer or others in order to help me discuss my practice and continuing professional development.

**Further information:**

If you have any questions about your participation, please contact:

Name, address, contact details [please add your details]

**Data protection**

All data collected in this survey will be held securely and will be destroyed as soon as it is no longer required for analytical purposes and after no more than six years.

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