



Hillcrest Surgery



JOIN OUR PATIENT FORUM

Dear Valued Patient,

At Hillcrest Surgery, we believe that your voice can drive the future of your healthcare journey. The Patient Forum is your exclusive platform to shape the health services we offer and to make a real impact in our community and that's why we're inviting you to join our Patient Forum by filling out this form. Join us in our mission to enhance healthcare together!

By participating we will contact you occasionally by email to ask for your views because knowing your thoughts will play a significant role in enhancing our services. It's also a chance to be part of a community where your views count. Our Patient Forum aims to represent our diverse community, so your voice truly matters.

This survey is designed to gather valuable information about your preferences, concerns, and areas of interest. Your participation will not only contribute to enhancing our services but also foster a sense of belonging within our patient community.

Be a part of this healthcare journey! Your sign-up contributes to a healthier and happier community. Let's work together to make healthcare even better! ✨

Personal Information:

Please provide us with some basic information about yourself. Rest assured, your details will be kept confidential and used solely for the purpose of this survey.

1. Name: _____

2. Email Address: _____

3. Telephone: _____

4. Postcode: _____

5. Age Group: (Please select one)

- Under 18
- 18 – 25
- 26 – 40
- 41 – 60
- Over 60

6. Gender

- Male
- Female
- Non-binary
- Prefer not to say
- Other (please specify)

7. Ethnicity: _____

8. Occupation _____

9. Are you a parent or guardian?

- Yes
- No

10. Are you a carer for someone?

- Yes
- No

11. Do you identify as disabled?

- Yes
- No

Your Health and Visits:

Understanding your health concerns and patterns of visiting the GP practice helps us tailor our services to your needs.

12. How often do you visit our GP practice? (Please select one)

- Rarely
- Monthly
- Weekly
- Multiple times a week

Areas of Interest:

Your interests matter to us. By letting us know what topics and health issues interest you the most, we can focus on providing information that resonates with you.

13. Which health-related topics are you most interested in? (Please select all that apply)

- Diet and Nutrition
- Mental Health
- Chronic Illness
- Chronic Pain
- Preventative Care
- Women's/Men's Health
- Wellbeing
- Parenting/family health
- Other (please specify):- _____

Common Health Concerns:

14. Please tick any of the following health concerns that apply to you:

- Diabetes
- High Blood Pressure
- Asthma
- Allergies
- Back Pain
- Heart Disease
- Depression
- Anxiety
- Obesity
- Cancer
- Digestive Issues

- Migraines/headaches
- Respiratory Issues
- Sleep Disorders
- Skin Conditions
- Thyroid Disorders
- Chronic Fatigue
- Joint Pain
- Osteoporosis
- Other (please specify) _____

15. Is there anything else you would like to add?

Your participation in this survey is a vital step toward making our practice an even better place for you. By sharing your thoughts, you become an integral part of our efforts to enhance patient care and well-being.

Thank you for taking the time to complete this survey. We appreciate your input and look forward to serving you better in the future.