

St George's Medical Centre

Dr A M Botros

Practice Survey on Access and Communication

	Access To Online	YES	NO
1.	Would you like Online Access to Appointments, Repeat Prescription and summary information		

	Email Address	YES	NO
2.	Do you have an email address		
2a	Would you like us to contact you via email (if yes please provide details of your email address and sign the consent sheet below)		

	Text Messaging	YES	NO
3.	Would you like to receive appointment reminder via text message (if yes please provide your mobile number and sign the consent sheet below)		

	Telephone Consultation	YES	NO
4	Are you aware of the availability of telephone consultation		

	Surgery Opening Hours	YES	NO
5	Are you happy with the surgery opening hours		



Email and Mobile Phone Consent (Please tear off and hand to the receptionist)

Full Name: _____ DOB: _____ EMAIL: _____ MOBILE: _____