

Stockbridge Surgery Patient Participation Group Sign Up and Email Consent Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Confirm email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle yes or no:

I would like to sign up to be a member of the Stockbridge Patient Participation Group? Yes / No

I am happy to receive email correspondence regarding the Patient Participation Group? Yes / No

I am happy to be included in Patient Participation group emails? Yes / No

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Signature Date

Once completed please email this form to our Patient Participation Group Chair Gwendolen Picco.

gwen.picco@gmail.com