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The Surgery  
Harewood Crescent  
Littledown  
Bournemouth  
BH7 7BU  
Tel: 01202 309500  
Fax: 01202 309565

Dear Patients

## **LITLEDOWN PATIENT GROUP**

Would you like to have a say about the services provided at Littledown Surgery?

Littledown Surgery would like to hear your views

By becoming part of the Patient Group at Littledown Surgery you can have a say in the way we run the Surgery.

We will be holding a couple of meetings of the Patient Group, here at the Surgery, every year.

If you cannot make it into the surgery for these meetings you can also have your say via email.

If you would like to join the Patient Group please complete the attached form and return to Reception, or post back to the Practice Manager.

Please give me a call if you would like any further information.

*Emma*

**Emma Prince**  
**Practice Manager**

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## LITLEDOWN PATIENT GROUP

If you would like to become part of the Littledown Patient Group please complete the form below and return to Reception. You will then be contacted periodically either to be asked some questions by email or to invite you to a Patient Group meeting.

<b>Name</b>		<b>Age Group</b> <b>Please circle:</b> <b>Under 16</b> <b>17 – 24</b> <b>25 – 34</b> <b>35 – 44</b> <b>45 – 54</b> <b>55 – 64</b> <b>65 – 74</b> <b>75 – 84</b> <b>Over 84</b>
<b>Address</b>		
<b>Postcode</b>		
<b>Email address</b>		
<b>Would you prefer to be contacted by email or by post?</b>		

To help us ensure our Patient Group is representative of our local community please **circle** which of the following ethnic backgrounds you would most closely identify with.

<b>White:</b>	British group Irish
<b>Mixed:</b>	White & Black Caribbean White & Black African White & Asian
<b>Asian or Asian British:</b>	Indian Pakistani Bangladeshi
<b>Black or Black British:</b>	Caribbean African
<b>Chinese or other ethnic Group:</b>	Chinese Any other

**Thank you**

Please note that no medical information or questions will be responded to