

Frome Valley Medical Centre: Patient Participation Response Forms

You can use this form:

A. to let us know whether you are interested in becoming involved with the Patient Participation Group and/or

B. to tell us about a matter you would like to raise.

YOUR DETAILS

Title:

First name and surname:

Address

Post Code

Telephone

Mobile

Email

Please contact me by
(tick all that apply)

Telephone

Mobile

Email

Post

A

I am interested in joining:

Please
tick one

the Patient Participation Meeting

the Patient Participation email group

B

Please could you raise the following matter(s) for me

Returning this form

By email: Send it to fvmcppg@gmail.com

By Post: Post it to Patient Participation FVMC, Court Road, Frampton Cotterell, Bristol BS36 2DE

Take it to the Medical Centre: Put the form in an envelope addressed to Patient Participation and either give it to Reception, or put it in the letter box on the wall by the patients' entrance.