

PATIENT FEEDBACK FORM

This short survey aims to measure your expectations, experience and satisfaction. Please take the time to complete it so that we can continuously improve our services. Many thanks.

PERSONAL DETAILS

Name/ Initials (if you wish)		Date of Birth	
Gender		Age at time of procedure	

FEEDBACK *Please answer the questions below. Your answers will be kept completely confidential*

1. Generally, how easy was it to book your appointment?				
Very easy <input type="checkbox"/>	Fairly easy <input type="checkbox"/>	Not very easy <input type="checkbox"/>	Difficult <input type="checkbox"/>	N/A <input type="checkbox"/>
2. How did you book your appointment?				
Telephone <input type="checkbox"/>	Text <input type="checkbox"/>	E-mail <input type="checkbox"/>	Online <input type="checkbox"/>	Walk-In <input type="checkbox"/>
3. Overall, how would you describe your experience of our services?				
Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	No comment <input type="checkbox"/>
4. During your visit, did you have confidence and trust on the health care you received?				
Definitely <input type="checkbox"/>	To some extent <input type="checkbox"/>	Not really <input type="checkbox"/>	Not at all <input type="checkbox"/>	No comment <input type="checkbox"/>
5. How easy was to find the information about the services you needed when looking at our website?				
Very Easy <input type="checkbox"/>	Fairly Easy <input type="checkbox"/>	Not Very Easy <input type="checkbox"/>	Difficult <input type="checkbox"/>	N/A <input type="checkbox"/>
6. How would you rate the quality of the information you found?				
Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Where did you hear about us?				
At my GP <input type="checkbox"/>	On the internet <input type="checkbox"/>	From a friend/carer <input type="checkbox"/>	From a leaflet <input type="checkbox"/>	Other <input type="checkbox"/>
8. Other comments.				