PATIENT FEEDBACK FORM

Your feedback will help us to improve our services to you. We appreciate you taking the time to complete this short questionnaire. There are no right or wrong answers. On completion, please place in the designated box in our waiting area or post to PO Box 1297, Aldinga Beach 5173

	Yes	No
Are you usually able to see the doctor of your choice?	☐	☐
If no, are other options offered to you when your doctor is unavailable?	☐	☐
Do staff ask if you need longer than a standard appointment when you book to see the doctor?	☐	☐
If no, do you feel that you can ask for a longer appointment?	☐	☐
Have you ever needed to contact the doctor by phone?	☐	☐
If yes, was your call returned in a timely fashion or as advised by the receptionist?	☐	☐
Have you ever needed to access care outside of surgery hours?	☐	☐
If so, was the advice offered regarding alternative options helpful?	☐	☐
Have you ever asked for a home visit?	☐	☐
If yes, was this an easy process?	☐	☐
Do you feel that you are treated respectfully by all staff, including GPs?	☐	☐
Do you feel that your telephone enquiries are dealt with appropriately and respectfully?	☐	☐
Do you find the waiting area is comfortable and well set up?	☐	☐
Is the practice clean and tidy?	☐	☐
Do you have any difficulty in obtaining appropriate care park	☐	☐
Were the practice team members warm and friendly?	☐	☐
Did staff pay attention to what you had to say?	☐	☐
Following your visit here today, are you happy that everything was explained clearly?	☐	☐
Were you encouraged to ask questions?	☐	☐
Do you feel that all of your questions have been answered?	☐	☐
Do you feel that you received enough information?	☐	☐
Are you better able to make informed decisions about your health?	☐	☐
Does your doctor discuss preventative health measures with you?	☐	☐
If your doctor has requested you to have investigations, has the purpose been explained to your satisfaction?	☐	☐
When referred to a specialist or elsewhere for investigations, eg. radiology, did your doctor advise you to enquire about the cost involved when you ring for your appointment?	☐	☐
Have you ever been asked to have a third person in your consult, eg. medical student or supervisor?	☐	☐
If so, did you think this process was dealt with appropriately?	☐	☐
Are you confident that your personal information will remain private and confidential?	☐	☐
Are you happy that any complaints you might make would be handled appropriately?	☐	☐
Do you believe physical aspects of the practice allow privacy and confidentiality?	☐	☐
Does the practice make adequate provisions for your privacy?	☐	☐
Overall, were you satisfied with the service you received today?	☐	☐

Doctor name .....
(if relevant)

Please comment further on how else can we improve our service to you?

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