

PATIENT FEEDBACK FORM

We are dedicated to providing excellent service to you, our patient. Your feedback, both positive (and not so positive) is very valuable to us and allows us to make improvements where necessary.

Your Name (Optional): _____ If no name: Sex M F Age:

Date:

1 = Strongly Disagree to 5 = Strongly Agree
(Please circle the appropriate number)

1. Reception:

Which receptionist served you today? _____

Were you acknowledged quickly upon arrival with a smile \comment?	1	2	3	4	5
When being served was your receptionist friendly?	1	2	3	4	5
Were they professional and efficient?	1	2	3	4	5
Were they well presented?	1	2	3	4	5
Were you able to book with the GP you wanted?	1	2	3	4	5
Were you able to book the day or time you wanted?	1	2	3	4	5

Can you hear private desk conversations whilst in the waiting room? No At Times All the time

Any comments? _____

2. Doctor or Allied Professional:

Which provider did you see today? _____

Was your wait time reasonable?	1	2	3	4	5
Were they professional and welcoming?	1	2	3	4	5
Did they explain and answer all your questions?	1	2	3	4	5
Was the cost of your visit accurately explained when booked?	1	2	3	4	5
Were you given instructions (verbal or written) upon completion?	1	2	3	4	5
Do you feel you received excellent patient care (our aim)?	1	2	3	4	5

Any comments? _____

Overall, how do you rate your satisfaction with us today?

Very satisfied

Somewhat satisfied

Neutral

Dissatisfied

Please Turn Over

a) Was there anything we could have done differently to improve our service to you today?

b) Do we have a receptionist you feel always goes 'above and beyond'? (Feel free to name them)

c) Do you feel your provider went 'above and beyond'?

d) Do you have any suggestions for the receptionist or doctor who served you today?

e) Do you have any further comments or suggestions for our practice?

Thank you 😊

**We really appreciate your time in filling in this form.
We collate them and pass to staff in the practice. If you raise an issue we feel needs to be
addressed, we may hold a practice meeting to discuss how to best improve our service.**

Please return this completed form to the box at the Reception desk.

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