

Patient Feedback

We value your opinion about us!

Please take a few minutes to help us improve our service by sharing your thoughts about the service by completing this form

* Required

1. Please tell us the name of your registered GP practice (Medical Centre) *

2. When did you last visit the GP practice *



Format: M/d/yyyy

3. Overall, how satisfied were you with your recent visit to the GP practice?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

4. Please select the reason of your recent visit *

- GP appointment
- Nurse/HCA appointment
- Blood test
- Health check
- Medication review
- Prescription/Repeat medication

Other

5. How easy was to find an appointment time that was convenient for you?

- Extremely easy
- Somewhat easy
- Neutral
- Somewhat difficult
- Extremely difficult

6. How satisfied are you with the following?

| | Very dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Very satisfied |
|---|-----------------------|--------------------------|--|-----------------------|-----------------------|
| Time it took to be taken into an exam room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friendliness of front office staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Amount of time waiting for the physician to see you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appointment booking process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Check-out process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Check-in process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. If you had questions for the office staff, were they answered to your satisfaction?

Yes

No

N/A

Other

8. If you had questions for the nurse, were they answered to your satisfaction?

Yes

No

N/A

Other

9. If you had questions for the physician, were they answered to your satisfaction?

Yes

No

N/A

Other

10. How much time did the clinician spend with you?

Less than expected

Expected amount

More than expected

11. Before leaving the clinician's office, did you get clear directions about what to do if any follow up was needed?

Yes

No

N/A

Other

12. How likely are you to recommend your GP practice to a friend or colleague? *

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Not at all likely

Extremely likely

13. Please leave a comment about your visit to help us improve our services for your future visits.

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