

PATIENT FEEDBACK FORM

At Medicine on Second, we are always looking for ways to improve the service provided to our patients at all stages of their contact with our staff. This includes on the telephone, at the reception desk, in the waiting room/consultation room/treatment room and when settling their account.

Our patients are the backbone of our practice. We would appreciate it if you would take the time to answer this short questionnaire. The information gathered from your contribution will be used to stay constantly in touch with our patients' needs and preferences. This will assist us in developing the high quality service we desire for our patients.

The Staff

Medicine on Second

- 1) **How can we improve the service we provide to you when you telephone** our practice for an appointment, results or other queries? (e.g. prompt answering of calls, time on hold, phone manner of staff, ease of obtaining a suitable appointment).

- 2) **How can we improve the service we provide you when you first present to the front** reception desk? (e.g. prompt service, friendly/welcoming staff, eye contact, sensitivity to your needs).

- 3) **How can we improve the service we provide you when you are waiting for the** doctor? (e.g. waiting room environment, available seating, reception staff continuing to attend to any needs or concerns).

- 4) **How can we improve the service you receive from our doctors in the consulting or** treatment room? (e.g. waiting times, sensitivity to your needs, communication).

- 5) **How can we improve the service you receive from our nursing staff when in the treatment room?** (e.g. waiting times, friendly and welcoming manner, treatment room environment).
- 6) **How can we improve the service you receive following the completion of your consultation, when settling your account?** (e.g. prompt service, friendly and efficient staff, eye contact, clear explanation of the billing process, following appointments).
- 6) **How long have you been attending this practice or one of its doctors?**
- 7) **What factors would prompt you to return to our practice** for future health needs, as opposed to another practice?
- 8) **What factors would cause you to consider attending another practice** in the future instead of our practice?

Thank you for your contribution. Your comments and opinions are valuable to us.