

Patient Satisfaction Survey

Dear Parent,

Our highest priority is to provide you and your family with quality service and care. We would greatly appreciate if you could complete this short survey.

This survey is about how you feel about the service we provide. We would appreciate your honest feedback and will use the information we collect to improve our services.

What you write remains confidential and we cannot identify you from your responses. You can send the response by post, fax or email it through our website.

However, if you would like to talk to us further about your experiences, please leave your contact details at the bottom of the form, and the Practice Manager will be in touch as soon as possible.

With Thanks

Practice Manager/ Practice Principal

In terms of your satisfaction, how would you rate each of the following?

(Please tick one box for each question. If question doesn't apply, write NA)

Name of the Doctor you saw:.....

Name of the Reception Staff who attended to you:.....

	Very High	High	Fine	Low	Very Low
The length of time you had to wait to get an appointment with the Doctor					
Helpfulness of the reception staff when you called to make the appointment					
Accessibility to the staff by phone or website					
Reception by the staff when you arrived for the appointment					
Length of wait time in the reception room					
Amount of time spent with the Doctor					
How well the Doctor listened to you					
How well the Doctor explained your treatment plan					
The amount you paid for the consult					
Reception Area Facilities					
Overall Experience					

How many times have you visited the practice in the past year?.....

How can we improve the level of service and care we provide to you?

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If you would like us to call you to discuss any aspect of this survey, please include your details below

Name.....

Phone Number.....

Email.....

Thank you for your time to help us with this survey.