Dr A M Botros St George's Medical Centre

"Improving the Practice"

INTRODUCTION

We are asking patients to complete this quest	ionnaire to help us in impr	oving	our services.		
Are you seeing: (Please tick as appropriate?)	☐ Doctor		Practice Nurse		
Name of Doctor/Practice Nurse (if applicable):					
PLEASE RATE FACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:					

No Good Very Excellent Poor Fair experience Good **Access to a Doctor or Nurse** 1. How satisfied are you with the 1 5 2 3 4 appointment system 2. Length of time you had to wait for 1 2 3 4 5 an appointment 3. Seeing the Doctor of your choice 1 2 3 4 5 4. Length of time waiting to see the 2 3 5 1 4 Doctor or Nurse 5. Opportunity of obtaining a home visit 1 2 3 4 5 when necessary **Obtaining a repeat prescription** 6. Prescription ready on time (after 1 2 3 4 5 48hr) 7. Handling of any prescription queries 1 2 3 5 4 **Obtaining test results** 8. Were you told when to contact us for 1 2 3 4 5 your results? 9. Were Results available when you 1 2 3 4 5 contacted us 10. Level of satisfaction with the manner 1 2 3 4 5 in which the result was given **About the staff** 11. How satisfied were you with the handling of the call by the receptionist 12. The information provided by the 1 2 3 4 5 Reception staff 13. The helpfulness of the Reception staff 1 2 3 4 5 **And finally** 14. My overall satisfaction with this 1 2 3 4 5 **Practice** PTO--->>

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Patient Awareness

Are you aware of our Practice Web Site – <u>www.stgeorgesmedicalcentre.co.uk</u>					
	Yes		No		
Are you aware that you can request repeat prescription online through our website?					
	Yes		No		
Are you aware that we offer telephone consultation with the Doctor?					
	Yes		No		
Would you like to have the opportunity to book Appointments Online?					
	Yes		No		
Any further comments:					
The following questions provide us only with general information about the range of people who have responded to this survey. It will <u>not</u> be used to identify you, and will remain confidential.					
How old are yo	ou?				
Are you male o	or female?				
How many year this Practice?	ars have you been attending				

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk