

**St George's Medical Centre**  
**Patient Survey**

Please circle a Yes/No answer and add comments in comment box.

1.	<b>Are you Happy with your Appointment</b>	YES	NO
	Comment		

2.	<b>Are you Satisfied with your GP</b>	YES	NO
	Comment		

3.	<b>Are you Aware of Electronic Prescriptions, And that you can nominate your Pharmacy</b>	YES	NO
	Comment		

4.	<b>Are You Aware of Summary Care Records</b>	YES	NO
	Would you like more information	YES	NO
	Please ask at reception for a leaflet		

5.	<b>Are you Aware of Online Access for Appointments, Prescriptions and Summary Records</b>	YES	NO
5a.	<b>Would You like to have access</b>	YES	NO
	If yes please ask at reception for more information		

**Thank You**  
**For your help in improving our Services to you**