Practice Patient Survey

The practice and doctors at this surgery would welcome your honest feedback. Please complete the survey. No one at the practice will be able to identify your personal responses, and no personal details will be identifiable.

Name of the Doctor or Nurse seen

Ease of contacting the practice by telephone

- Excellent
- V Good
- Good
- Fair
- Poor

Satisfaction with practice opening hours

- Excellent
- V Good
- Good
- Fair
- Poor

Ability to see a doctor within 24 hours

- Excellent
- V Good
- Good
- Fair
- Poor

Ability to pre book an appointment more than 2 days in advance

- Excellent
- V Good
- Good
- Fair
- Poor

Length of time waiting in the practice

- Excellent
- V Good
- Good
- Fair
- Poor

I would like the practice to open additional times

Please state when

The manner in which you were treated by the receptionist

- Excellent
- V Good
- Good
- Fair
- Poor

How helpful was the staff in resolving your query

- Excellent
- V Good
- Good
- Fair
- Poor

The ability to obtain a repeat prescription is

- Excellent
- V Good
- Good
- Fair
- Poor

The manner in which you were treated by the doctor/nurse

- Excellent
- V Good
- Good
- Fair
- Poor

Respect shown for your privacy and confidentiality

- Excellent
- V Good
- Good
- Fair
- Poor

my confidence in the doctor's/nurse's ability is

- Excellent
- V Good
- Good
- Fair
- Poor

Please explain your reasons

Did you understand the Doctor's/Nurse's explanation of your condition

- Excellent
- V Good
- Good
- Fair
- Poor

What may have helped you understand?

The respect shown to me by the doctor/nurse was

- Excellent
- V Good
- Good
- Fair
- Poor

Any Comments about the facilities at the health centre?

Any Comments about how the health centre could improve its service?

Any additional services you would like to see provided?

How old are you?

- Under 25
- 25-59
- Over 60

Are you?

- Male
- Female

How long have you been a patient at the practice?

- Less than 5 years
- 5/10 Years
- More than 10 years

How do you order your prescriptions?

If you would like the Practice Manager to contact you regarding your comments.

Please complete your details below.

Name

Date of Birth

Telephone number