

Patient Feedback Survey

Please answer every question, if it is not applicable, tick N/A	Yes	No	NA
Are you able to see the doctor of your choice if the doctor is available ?			
Have you been advised that longer consultations are available if necessary?			
Are you aware of arrangements for you to access home and other visits both within and outside normal opening hours ?			
Are you aware of the after hours care arrangements?			
Are you able to talk to the doctor on the telephone if necessary?			
Have you attended this practice for longer than 2 years?			
Has the doctor discussed your general health with you?			
Does the doctor discuss the purpose, benefits & risks of treatment with you?			
Has the doctor discussed health promotion issues like blood pressure, vaccinations, weight loss and stop smoking?			
Were you advised of costs before treatments, investigations or procedures in addition to the consultation cost?			
Have you been sent a reminder for regular tests or immunisations?			
Do you know how to find out your test results ?			
If a third person (i.e. student) is present during the consultation were you asked before the consultation began?			
Do you find the consultation room facilities acceptable?			
Have you been advised that additional costs may apply if you see a specialist or Allied Health Service Provider?			
Are there an adequate number of seats in the waiting room?			
Is there waiting room privacy if you are distressed ?			
Do the Doctor and staff treat you respectfully ?			
Were you satisfied with the interpersonal skills of staff?			
Do you consider the practice is easy to contact by telephone?			
Do you visit doctors at other practices ?			
Are the toilet facilities adequate?			
Did you have trouble finding a parking spot today?			
Do you feel that any feedback and complaints that you might give to the practice will be handled appropriately?			
Is there adequate privacy in the consultation & waiting room (auditory, visual, and physical)?			
Your age:	Male / Female - circle one		Post code where you live:
Any Additional comments? (use the back if insufficient room)			

This is an anonymous survey conducted annually by your general practice to improve services.

Survey approved by GPA Accreditation *plus*.

