



Independent Family Healthcare Ltd

Patient Satisfaction Questionnaire

We would be grateful if you would take a few minutes to complete this questionnaire in order to help us improve our service to you.

Please complete each section of this questionnaire by ticking the appropriate box.

No personal information will be released to any other party.

Thank you in advance for taking the time to complete this form.

When this form is completed, please hand it to reception before your departure.

Date of visit: (dd/mm/yy) _____ / _____ / _____

Is this your first visit to Independent Family Healthcare? Yes No

How did you hear about Independent Family Healthcare? Recommendation Doctor or GP referral Website Other

Are you... Male Female

How long did you wait for an appointment? Days One Week Two or Three Weeks More than Three Weeks

First Impressions

Excellent Very Good Good Fair Poor

Information prior to arrival

Greeting on arrival

Promptness of appointment

Explanation of procedures

Overall impressions

Level of Care

Keeping you informed

Individual attention given

Response to questions

Overall standard of care

Communication

Explanation of :

your clinical condition

recommendation / treatment

Costs Involved

Payment Procedures

Clinic Facilities

Excellent Very Good Good Fair Poor

Directions

Facilities / Décor

Cleanliness

Overall Impression

Taking Everything Into Account

Friendliness of Reception Staff

Friendliness of Medical Staff

Friendliness of Clinic Manager

Overall Impression

If you have visited Independent Family Healthcare before, do you think the Clinic is: Getting Better Getting Worse Staying about the same

Would you recommend us? Yes No

Comments & Suggestions

Please include your name and address below if you would like a reply to the points you have raised.

Name _____

Address _____
