

General information (optional)		
Your Age		
Gender	Male	Female

Please circle which practitioner you were seen by:      OUTPATIENTS - Site      DATE

Nurse      Doctor      Physiotherapist      Other

**Please rate the following statements - please tick appropriate box:**

	N/A	Poor	Fair	Good	Excellent
Information about the appointment was					
The manner in which I was treated by reception staff was					
The manner in which I was treated by Nurse was					
The comfort level of the waiting room was					
Length of waiting time was					
The Clinician's introduction and initial greeting was					
The opportunity I was given to express my concerns was					
The ability of the clinician to listen to me was					
The clinician's treatment and explanation of things to me was					
The respect given to my privacy and confidentiality was					
The time it took to receive the last clinic letter ( <i>follow-up patients</i> )					
Would you recommend the Service you received today	No				Yes

**PLEASE note below /overleaf any further COMMENTS or IDEAS for improvement:**

What can we do better: \_\_\_\_\_

What would have made your visit AN EXCEPTIONAL EXPERIENCE?

\_\_\_\_\_

Thank you for your time.