

## Nelson Medical Practice Patient Satisfaction Questionnaire



We would like you to think about your recent experiences of our surgery and please tick the relevant box.

**How likely are you to recommend our services to your friends and family if they needed similar care or treatment?**

Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Not at all	Don't know

**How satisfied are you with the service you have received**

Very satisfied	Quite Satisfied	Neither satisfied nor dissatisfied	Quite dissatisfied	Very dissatisfied	Don't know

**Can you please tell us why you gave these responses?**

Please tick this box if you are NOT happy for us to publish your comments (anonymously)

Please tick this box if you are a Carer/Relative completing this form **on behalf of the patient**

Male / Female <small>*delete as appropriate</small>	What age are you?
What is your nationality?	Do you have a disability?

**Please consider the following statements about your experience with the service(s) and mark which answer best matches your opinion.**

	Yes	No
1. Is it easy to get through on the phone		
2. The receptionists are polite and helpful		
3. The Nelson Medical Practice is clean		
4. I had enough time with the doctor / nurse		
5. The opening times of the practice are satisfactory		
6. I feel that I was treated with care and concern		

**Would you like to have more say in the decisions made in providing health services at the Nelson Medical Practice?**

Yes                      No      (Please circle your answer)

If the answer is yes we would like you to join our **Practice Participation Group** and have your say in improving the practice – please complete your details below and we will be in touch to invite you to our next meeting.

If the answer is no but you would like a response to your comments above, please provide your details below

**Name:**

**Address:**

## **Friends and Family Test**



## **Patient feedback form**

We are always striving to improve the services provided to our patients.

We would very much appreciate your feedback as a patient so we can continue to improve our services.

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Please would you take the time to complete the questions on the back of this form, fold it and hand to a staff member, or post in the box placed at reception.

Thank you