

Patient Feedback Form

We value your opinion about your experience with us.

The feedback you provide will help us to review and continually improve our services.

Please tick your answer below:

Name (optional):Date: / / Clinic attended – please circle: (EPPING/SAN/NORWEST)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The overall atmosphere of the clinic was clean, tidy and comfortable.	0	0	0	0	0
The wait time for my appointment was acceptable.	0	0	0	0	0
I was provided with clear information on the nature of services and the associated fees.	0	0	0	0	0
The Customer Call Centre was able to answer my enquiries and my requests were handled with my satisfaction.	0	0	0	0	0
The receptionist who assisted me was friendly and understanding.	0	0	0	0	0
The technologist/sonographer who conducted my test was friendly and professional.	0	0	0	0	0
The procedure and instructions were clear and well-explained by the technologist/sonographer.	0	0	0	0	0
My privacy and dignity were respected during the test/examination.	0	0	0	0	0
My cardiologist clearly explained the reasoning behind the tests they ordered.	0	0	0	0	0
My cardiologist used words that were easy to understand.	0	0	0	0	0
I have confidence in the ability and competence of my cardiologist.	0	0	0	0	0
Overall, I had a pleasant experience and would be happy to return to the clinic.	0	0	0	0	0
Other comments regarding our practice, doctors and staff:					

Thank you very much for your feedback.