

PATIENT FEEDBACK

Date:

We aim to deliver a high standard of care in a caring, friendly and professional manner.

My appointment was with (circle or enter name): Technician or Dr _____.

We value your feedback. Please rate the following: **1- Being Poor** **5- Being Excellent**

ARRIVAL					
Ease of making appointment	1	2	3	4	5
Friendliness and helpfulness of reception staff	1	2	3	4	5
EXAMINATION					
Waiting time for examination	1	2	3	4	5
Explanation of your procedure	1	2	3	4	5
Care and skill of neurologist /technician	1	2	3	4	5
POST EXAMINATION					
Processing of account	1	2	3	4	5
Overall experience	1	2	3	4	5

For Ultra sound patients only:

ULTRA SOUNDS					
Explanation of your procedure	1	2	3	4	5
Did you have an opportunity to ask any questions	1	2	3	4	5

Please provide your details if you would like us to contact you about your feedback.

Name:

Other comments:
