



# GPA ACCREDITATION *plus*

## PATIENT FEEDBACK SURVEY



The doctors and support staff at this practice are dedicated to providing the highest quality of care to our patients and local community. We welcome your feedback and suggestions for improving our service.

It is more beneficial if you read and complete this survey **after** you have seen the doctor however, completing by referring to your previous consultation(s) is also applicable.

This survey is anonymous. Do **not** write your name on either page.

To complete the survey, please indicate your response by circling the appropriate rating.

PRACTICE SERVICES AND FACILITIES		Poor	Fair	Good	Very Good	Excellent
1	Ease in contacting the practice via telephone	1	2	3	4	5
2	Availability of a longer consultation when required	1	2	3	4	5
3	The urgency of your needs was addressed adequately when you telephoned the practice	1	2	3	4	5
4	Ability to contact my doctor via telephone (or email) when an appointment is not required	1	2	3	4	5
5	Availability of home and other visits when appropriate both within normal practice opening hours as well as outside normal hours	1	2	3	4	5
6	Availability of medical care when the practice is closed	1	2	3	4	5
7	Ability to see the doctor of my choice, when available	1	2	3	4	5
8	Facilities in the consultation rooms	1	2	3	4	5
9	Adequate seating in the waiting room	1	2	3	4	5
10	Access to toilets and handwashing facilities	1	2	3	4	5
11	Facilities in the waiting area for children	1	2	3	4	5
12	Privacy in the consulting and waiting rooms	1	2	3	4	5

DOCTOR SEEN AT THIS CONSULTATION		Poor	Fair	Good	Very Good	Excellent
13	Explanation from the doctor about the purpose, importance and benefits of proposed treatments, referrals, tests and procedures as well as any risks there are	1	2	3	4	5
14	Information is provided by the doctor or the practice of any costs associated with services that are in addition to the consultation	1	2	3	4	5
15	Discussion with the doctor about the costs of treatments or consultations before referring you to medical specialists or allied health professionals	1	2	3	4	5
16	Discussion with the doctor about health promotion and illness prevention	1	2	3	4	5
17	Respect shown to you by the doctor	1	2	3	4	5



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PRACTICE SUPPORT STAFF		Poor	Fair	Good	Very Good	Excellent
18	Respect shown to you by the practice staff	1	2	3	4	5
19	Confidence that any feedback or complaints would be handled appropriately	1	2	3	4	5

GENERAL ISSUES		Circle Relevant	
20	If there has been a request for a third person to attend your consultation, were you asked permission before the consultation?	YES	NO
21	Have you been a patient of the practice for more than 2 years?	YES	NO

Are there any areas where this practice could improve its service or facilities?


Are there any other comments you would like to make about the practice, doctors or staff?


Please tell us about yourself. This information is confidential and will not be used to identify you.

Your age in years		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Postcode	
How many times have you visited this practice in the previous year?		<input type="checkbox"/> Once	<input type="checkbox"/> More than once			

Doctor seen at this consultation		ID	
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**Thank you for assisting us to maintain and improve our practice service and facilities for you.**