**Patient Satisfaction Survey**

Thank you for choosing The Walcote Practice for your healthcare needs. We strive to make your experience with The Walcote Practice the best that it can possibly be. We would very much appreciate a few moments of your time to complete both sides of this brief form with your feedback so that we may continue to improve our service. Thank you.

I came as a (please tick/highlight): 🞎 Patient 🞎 Relative/Carer 🞎 Visitor

Please give contact details if you wish, or your feedback can remain anonymous if you prefer.

|  |  |  |
| --- | --- | --- |
| Name: |  | Postal Address: |
| Tel No: |  |
| Email address: |  |

Please rate the services of TWP below on a scale of 1 (dreadful) to 5 (excellent) by putting a mark or a ‘Y’ in the appropriate box. Any comments or suggestions would also be appreciated.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 (Dreadful) | 2 (Poor) | 3 (Average) | 4 (Good) | 5 (Excellent) | N/A | Comments |
| Ease of booking appointment |  |  |  |  |  |  |  |
| Availability of appointment at desired time |  |  |  |  |  |  |  |
| Welcome at reception |  |  |  |  |  |  |  |
| Environment at reception |  |  |  |  |  |  |  |
| Patient folder, literature and information |  |  |  |  |  |  |  |
| Meeting your information or communication needs |  |  |  |  |  |  |  |
| Length of time in waiting area before seeing doctor |  |  |  |  |  |  |  |
| Professionalism, knowledge and helpfulness of the doctor |  |  |  |  |  |  |  |
| Consideration of patient/carer’s health concerns and wishes |  |  |  |  |  |  |  |
| Ease of paying bill |  |  |  |  |  |  |  |
| Environment in the consultation room |  |  |  |  |  |  |  |
| Treating you with kindness, empathy, compassion and respecting your privacy and dignity |  |  |  |  |  |  |  |
| How would you describe your overall experience of The Walcote Practice to a friend or family member? |  |  |  |  |  |  |  |

**PTO…**

|  |
| --- |
| Are there any further services you would like to see offered by The Walcote Practice? |
|  |

|  |
| --- |
| Any further comments or suggestions |
|  |

|  |
| --- |
| Date of filling in this form |
|  |

Would you like us to contact you regarding this feedback (please tick/highlight)? 🞎 Yes 🞎 No

If so, how would you like us to contact you? 🞎 Email 🞎 Phone 🞎 Letter

Please tick/highlight here if you do not wish your free text comments to be made public (even if anonymous): 🞎

Your opinions are very important to us. Please tick here (and enter your email address overleaf) to learn more about joining our virtual Patient Participation Group. This will enable you to help shape our services by answering a question or two sent infrequently via email. 🞎

**Thank you for your help**

Please return this form to us:

* Via email to [**info@thewalcotepractice.co.uk**](mailto:info@thewalcotepractice.co.uk)
* By giving it to a receptionist
* By posting it into the anonymous feedback box at reception
* By posting it to the address below

Practice Manager,

The Walcote Practice,

Southgate Chambers,

37-39 Southgate Street,

Winchester, Hampshire, SO23 9EH