

Feedback

Consultation Date

Name

Reception /Administration

Excellent Very Good Good Fair Needs Improvement

Would you like to add any comments regarding Reception/Administration?

Yes No

Nursing

Excellent Very Good Good Fair Needs Improvement

Would you like to add any comments regarding Nursing - Wards / Short Stay Ward?

Yes No

Medical Staff (Doctors)

Excellent Very Good Good Fair Needs Improvement

Would you like to add any comments regarding Medical Staff (Doctors)?

Yes No

Facilities

Excellent Very Good Good Fair Needs Improvement

Would you like to add any comments regarding Facilities?

Yes No

Your overall experience

Excellent Very Good Good Fair Needs Improvement

Would you like to add any comments regarding your overall experience?

Yes No

Special Comments?

Submit

Clear