

TO HELP US IMPROVE OUR SERVICES TO YOU PLEASE ANSWER THE QUESTIONS BELOW - YOU CAN CHOOSE TO STAY ANONYMOUS

Please tick (✓) the appropriate answer

1. How do you find our service at Gawler Medical Clinic?

Needs Improvement Fair Very Good Excellent

Comment: _____

2. Do you find our reception staff friendly & helpful?

Needs Improvement Fair Very Good Excellent

Comment: _____

3. How do you find our phone system?

Needs Improvement Fair Very Good Excellent

Comment: _____

4. Do you find it easy to be able to get an appointment?

Needs Improvement Fair Very Good Excellent

Comment: _____

5. How do you find our Nursing staff service?

Needs Improvement Fair Very Good Excellent

Comment: _____

5. Do you find our Doctors to be friendly & approachable with any issues?

Needs Improvement Fair Very Good Excellent

Comment: _____

6. Do you feel that you leave your appointments with a full understanding of the outcome of your visit?

Needs Improvement Fair Very Good Excellent

Comment: _____

Please see reverse side

7. Do you feel we provide adequate follow up service?

- Needs Improvement Fair Very Good Excellent

Comment: _____

8. Do you feel our facilities are comfortable & the amenities are easily accessible?

- Needs Improvement Fair Very Good Excellent

Comment: _____

We appreciate you taking the time to complete this questionnaire if you have any further comments or suggestions we'd love to hear them: _____

Optional Information

Who is your regular Doctor? _____

How long have you been attending this clinic? _____

How did you hear about us? _____

Your Name: _____ Suburb: _____

If you would like us to contact you regarding anything listed here, please leave your phone number below and we will contact you shortly.

Phone: _____

If you would prefer to take this questionnaire with you to complete and then email or fax it to us you can fax it to 8523 0366 or email to manager@gawlermedical.com

We thank you for taking the time to complete this form