**Dr.Malik Practice**

**PATIENTS SURVEY QUESTIONNAIRE**

In order for us to continue to deliver a quality and satisfactory service to all our patients, we kindly ask that you take a minute to complete our questionnaire. It is imperative that we receive your views, as they are very important to us. Without this, we cannot improve on our services.

Q.1: Are you generally happy with your surgery? Please tick accordingly**.**

Yes No

If you answered No, please state why, and how can we improve?

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Q.2:How would you rate your experience at Dr.Malik’s surgery today.

 **1 poor 2 satisfactory 3 good 4 very good 5 excellent**

 1. Ease of booking Appointment

 2. The Care you received from your Doctor/Nurse (please delete as appropriate)

 3. Were you informed of what to expect during and after your consultation

Q.3 Did you feel the time with the Doctor /Nurse was adequate? Was the outcome of your visit/ ailment resolved to your satisfaction? Please tick accordingly.

Yes No

 If you answered No, Please state why, and how can we improve?

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Q.3: Do you feel the appointment waiting time is satisfactory? Please tick accordingly.

 Yes No

 If you answered No, Please state why, and how can we improve?

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Q.4: Are you happy with the Reception staff, and the advice and support they provide? Please tick accordingly.

Yes No

 PTO

If you answered No, Please state why, and how can we improve?

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Please use the space below for any other comments you feel you wish to add.

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**Name (optional) ……………………………………………..**

**Date……………………………………………**

**Your questionnaire is complete, thank you, your comments are valued.**