

Urgent Treatment Centre Patient Satisfaction Questionnaire

Name of Practitioner:	Your Name (Optional):	Date of Attendance:
-----------------------	-----------------------	---------------------

It is very important for us to know how you rate your experience so please complete the following questions. In regard to the complaint you have been **assessed** for, please ✓ (tick) which statements apply from the options below:

Please tick which applies from the questions below:	Extremely unlikely	Unlikely	Neither likely or unlikely	Likely	Extremely likely	Don't Know
How likely are you to recommend our Service to friends and family if they needed similar care or treatment?						
Please can you tell us why you would / would not recommend us to your Friends and Family						

Please tick which applies from the questions below:	Highly Agree	Agree	Disagree	Strongly Disagree
1) I feel happy with the outcome of my consultation with the GP today				
2) I feel my thoughts and opinions were valued by the GP today.				
3) I am happy with the process that enabled me to see a GP today.				

If you would like to add any further comments please do so here:

Thank you for taking time to complete our questionnaire, this will help us improve the service we offer.

Once completed, please hand your form to the Receptionist, place in the box provided or post to the address below.

Safecare Network Ltd, Ashby Clinic, Collum Lane, Ashby, Scunthorpe. DN16 2SZ.