Patient Survey

Please can you provide feedback about your visit to see Dr.................................................. today by answering the following questions?

Can you comment on the doctor’s attitude towards you today?

You may wish to comment on whether you feel the doctor was polite and considerate and whether your dignity was respected at all times especially if you were examined:

Can you comment on how the doctor communicated with you today?

You may wish to comment on whether you feel the doctor listened to you, allowed you to ask questions and whether you understood the answers given:

By the end of the consultation did you feel you were better able to understand and / or manage your condition and care?

Did you feel you were involved as much as you wanted to be in the decisions about your care and treatment?

Many thanks for completing this form