



# Conder Medical & Dental Centre

## Patient Survey

This is an ANONYMOUS survey to find out what you think about this medical practice and the health care we provide. This will help us to improve the quality of the services we provide.

The survey has a number of statements about the practice and its staff. Please tick a response to EVERY statement. Please tick NA (not applicable) if this situation does not apply to you.

A.	WHAT I THINK ABOUT THE PRACTICE	Yes	No	NA
1	I find it easy to contact the practice by telephone			
2	When I telephone the practice, the person I speak to is able to quickly identify how urgent my need is			
3	I can see the doctor of my choice if he or she is available			
4	I am aware that I can have a longer consultation with my doctor if I ask for it			
5	I am able to speak to the Practice Nurse, if I have any questions or concerns regarding my health, medications, etc.			
6	I am aware that the practice does not provides home visits and other visits both in normal opening hours and after hours			
7	I know the practice's arrangements for medical care outside of its normal opening hours			
8	I am given enough information by my doctor about the purpose, importance, benefits and possible risks associated with any proposed investigations, referrals or treatments so that I can make an informed decision about my health			
9	I am told about any possible extra costs before any proposed treatment, investigations or procedures are done by the practice (eg ECG, Pathology)			
10	I am told about the possible costs when I am referred for investigation or to a medical specialist (eg geriatrician, orthopaedic surgeon) or allied health professional (eg podiatrist, physiotherapist)			
11	My doctor has discussed ways to prevent illness and improve my health with me			
12	I am satisfied with the facilities in the room where I see the doctor			
13	I am asked for my permission before my consultation if someone other than me and my doctor is invited to be at the consultation (eg family member, medical student or other health worker)			



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<b>14</b>	I am satisfied that the practice provides enough privacy for me			
<b>15</b>	I am treated respectfully by the doctors and staff at the practice			
<b>16</b>	I am confident that any feedback or complaints I make to the practice will be handled appropriately			

## B. ABOUT ME

- I am: Male  Female
- I am \_\_\_\_\_ years old
- When I am talking about my health I prefer to speak \_\_\_\_\_ (language)
- The doctor I usually see at the practice is Dr \_\_\_\_\_
- I have been attending the practice for \_\_\_\_\_ years

## C. IDEAS FOR IMPROVEMENT

Are there any ways you think we could improve our practice's services to you?

## D. OTHER COMMENTS

Are there any other comments you would like to make about the practice, doctors or staff?

Thank you for helping us to find out what you think about our practice.  
This helps us to improve our services to you.