



Conder Surgery

Your Healthcare Home



Conder Surgery
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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	N/A
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 provide 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, referral 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	My Doctor has discussed ways to prevent illness and improve my health with me			
11	I am satisfied with the facilities in the room where I see the doctor			
12	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)			
13	I am satisfied that the practice provides enough privacy for me			
14	I am treated respectfully by the doctors and staff at the practice			
15	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 can 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.