



We're Listening...

COMMENT CARD	Date	<input type="text"/>
	Time	<input type="text"/>

We welcome your comments about patient safety and your experience of our services. Please let us know what you think, by writing your comment on the other side of this card.

How would you describe the overall environment in Medstar Clinic (Please tick)

Very dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

How would you rate the service you received (Please tick)

Very dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

How would you rate the quality of care provided by the staff who treated you in Medstar Clinic? (Please circle)

Very dissatisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

How likely are you to recommend our clinic to friends and family if they needed similar care or treatment?

Extremely Likely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>
Likely	<input type="checkbox"/>	Extremely unlikely	<input type="checkbox"/>
Neither likely or unlikely	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

We welcome all comments. Please write in the space below.
If you would like us to contact you about your comment, please leave your details in the space provided.
Thank you

Please hand in your completed survey to a member of staff when complete
If you would like to discuss your experience in more details, please ensure that you tell a member of staff before you leave

Details of person completing this form	
Name and Surname	<input type="text"/>
Telephone Number	<input type="text"/> (if You would like us to call you)
Address	<input type="text"/> (if You would like us to write to you)
Email Address	<input type="text"/>