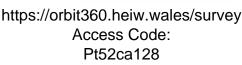


Patient Feedback survey - please ensure you've read the patient information sheet prior to completing the survey. You can complete this via this form or using the online QR code or login details to the right hand side.

- . Ensure you mark the box clearly, if you make a mistake mark the new box and ensure the incorrect box is completely filled in. If you don't do this your answer can't be counted
- . Ensure any comments in the free text section are written clearly, you can use block caps if this is easier for you
- · Ensure you base your responses on this doctor and consultation only

To respond:	\otimes
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To correct a mistake: (completely fill the shape)

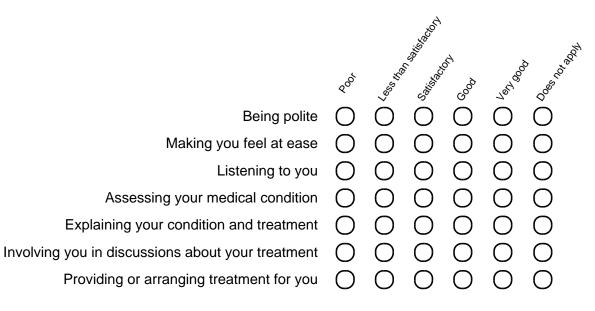


For Dr

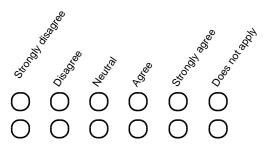
Ellie Owen

How good was your doctor today at each of the following?

(please select one from each line)



Please decide how strongly you agree or disagree with the following statements (please select one from each line)





This doctor will keep information about me confidential

This doctor is honest and trustworthy



Please complete both sides of this form

am confident about this	doctors ability to provide	care (please select one)
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⊖ Yes	◯ No
I would be completely happy to see this do	ctor again (please select one)
⊖ Yes	◯ No
Was this visit with your usual doctor? (plea	se select one)
⊖ Yes	◯ No
Please add any other comments you want to n	nake about this doctor.
Please note: No patients will be identified when	n this information is given to the doctor.



