

PATIENT FEEDBACK FORM - PHONES

Where possible we use our own Practice Staff to answer your call but when we have to, during busy periods or after hours, we use the external live answering service (Alltel). This form is to give us a guide of how we are performing.

Patient's Name (Optional):

How did you hear about our Practice? (please tick one)

GP Word of Mouth Specialist Google

Other:.....

How would you rate your experience calling our Practice? (please tick one)

Highly Satisfactory Satisfactory Unsatisfactory

Comment:

Was your call answered by one of our Practice staff or did you have to leave a message through our answering service? (please tick one)

Practice Staff Left a message with Alltel Don't know

Comment:.....

Was the person who answered your call able to help you? (please tick one)

Yes No

Comment:

How could we improve your experience when calling our Practice?

Comment:.....