

## **Patient Feedback Form**

Date	//					
Demographics						
How often do you attend IMS?	☐ Daily or weekly ☐ Monthly ☐ Yearly ☐ First time					
How long have you attended IMS?	☐ First time ☐ A few months ☐ 1-5 years ☐ <5 years					
What age group are you in?	are you in? □ <18y.o. □ 18-25y.o. □ 26-40y.o. □ 41-60y.o. □ >60y.o.					
What gender do you identify as?	□ Female □ Male □ Prefer not to say □ Other					
What is your ethnicity?	☐ Aboriginal ☐ Torres Strait Islander ☐ Other:					
What languages do you speak at home?	9?					
Highest level of education?	☐ Year 10 ☐ HSC ☐ TAFE ☐ Bachelor		Mas	sters	s/Ph	ıD
Concession cards held?	☐ Healthcare card ☐ Pensioner card					
Feedback						
Please circle the most appropriate rating as a score out of 5, with 5 being 'most satisfied'						
How would you rate	e your waiting time to book an appointment?	1	2	3	4	5
How would you rate your waiting time whilst inside the practice?		1	2	3	4	5
How would you rate the ease with which you could contact IMS staff?		1	2	3	4	5
How would you rate the length of your standard consultations?		1	2	3	4	5
Were you satisfied with the practitioner you saw today?		1	2	3	4	5
Were you satisfied with the information provided during your consult?		1	2	3	4	5
Were you satisfied with how the practitioner's communication during your consult?		1	2	3	4	5
Were you sufficiently involved in the decisions regarding your health?		1	2	3	4	5
Was the action plan set out for you during your consult explained to you?		1	2	3	4	5
Were you satisfied with the level of privacy in the waiting area?		1	2	3	4	5
Were you satisfied with the level of privacy during your consult?		1	2	3	4	5
Were reception staff welcoming and polite?		1	2	3	4	5
Do you have any other comments?						