



# GPA ACCREDITATION *plus* PATIENT FEEDBACK SURVEY



The doctors and support staff at this practice are dedicated to providing the highest quality of care to our patients and local community. We welcome your feedback and suggestions for improving our service.

It is more beneficial if you read and complete this survey **after** you have seen the doctor however, completing by referring to your previous consultation(s) is also applicable.

This survey is anonymous. Do **not** write your name on either page.

To complete the survey, please indicate your response by placing a tick ( ✓ ) in the appropriate box.

PRACTICE SERVICES AND FACILITIES		YES	NO	Uncertain
1	Do you find it easy to contact the practice via telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did you know you could request longer consultations if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	When you phoned the practice do you feel your needs were addressed adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been able to speak to the doctor over the phone (or email if applicable) when an appointment was not required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Did you know there are home and other visits available to you when appropriate both within normal opening hours as well as outside normal hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you aware of arrangements for medical care when the practice is closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you able to make an appointment with the doctor of your choice if they are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you satisfied with the facilities in the consultation rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Is the seating in the waiting room adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are toilets and handwashing facilities provided for your use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does the waiting area cater for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are you satisfied with how the practice caters for your privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCTOR SEEN AT THIS CONSULTATION		YES	NO	Uncertain
13	Are you satisfied with how the doctor explains the purpose, importance and benefits of proposed treatments, referrals, tests and procedures as well as any risks involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does the practice or your doctor inform you of any costs associated with services that are in addition to the consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your doctor discuss with you the costs of treatments or consultations before referring you to medical specialists or allied health professionals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Does your doctor discuss health promotion and illness prevention with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Does your doctor treat you respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor seen at this consultation		ID	
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PRACTICE SUPPORT STAFF		YES	NO	Uncertain
18	Do the practice staff treat you respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are you confident that any feedback or complaints you make would be handled appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL ISSUES		YES	NO	Uncertain
20	If there has been a request for a third person to attend your consultation, were you asked permission before the consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Have you been a patient of the practice for more than 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any areas where this practice could improve its service or facilities?


Are there any other comments you would like to make about the practice, doctors or staff?


Please tell us about yourself. This information is confidential and will not be used to identify you.

Your age in years		Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Postcode	
How many times have you visited this practice in the previous year?					<input type="checkbox"/>	Once	<input type="checkbox"/>	More than once

**Thank you for assisting us to maintain and improve our practice service and facilities for you.**