

MEN'S HEALTH MELBOURNE

Patient Satisfaction Survey

The care of our patients is our chief concern, and we are continually striving to improve the service. You can help us by answering the following confidential questionnaire. Thank you for your help in ensuring high quality of care for our future patients. Please rate your satisfaction.

APPOINTMENT DATE:.....NAME OF SPECIALIST:.....

	Poor	Fair	Good	Very Good	Excellent	Unknown Or not applicable
Overall Impressions						
Office environment cheerful						
Waiting time in reception area						
Privacy needs were met						
Staff treated you with courtesy & respect						
Care by Your Specialist						
Available to talk with you as needed						
Clearly answered all your questions						
Care by the Nurse & Staff						
Sensitive to your needs						
Answered your questions satisfactorily						
Competent						
Overall quality of care and services received						

When you last called our office, did you find our staff to be helpful and thorough? () yes () No

How long did you wait in the waiting room? _____

How long did you wait in the treatment room before the specialist entered? _____

What do you consider to be the strengths of this office? _____

In what ways could we improve the care and services in this practice? _____

I would recommend this facility to family and friends. () Yes () No

Your Name (optional) _____ Date _____

Thank you very much for giving us your opinions. We will use this information for quality improvement purposes only.

PLEASE PLACE YOUR SURVEY IN THE BOX PROVIDED.

Please note if you would like to make a more formal complaint please address letter to

Office manager
Men's Health Melbourne
Level M ,233 Collins Street,
Melbourne 3000