

# Patient feedback:

All Licensed doctors are expected to seek feedback from colleagues and patients. They should then review and act upon that feedback where appropriate.

We are asking you to complete this form so that you can let the doctor know what you think about the care they have given you **today**. The doctor involved can then take this away, and think about any improvements or adjustment they may need to make so that they can care for you, and other patients, better in the future.

We only want to know about what happened to you **today**, not your general experience of this doctor.

It is important that these forms are anonymous, so please **do not** write your name anywhere on the sheets.

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## Question 1.

The doctor was accessible by phone or e-mail, & responded promptly to my messages

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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## Question 2.

My reception was pleasant, efficient and punctual and the appointment was convenient for me

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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## Question 3.

The practice premises are efficiently laid out, clean and well maintained

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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## Question 4.

The doctor examined me thoroughly and carefully

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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## Question 5.

The doctor explained clearly any problems with my assessment

Please note there is another page to this survey

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 6.**

The quality of service I received would encourage me to return

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 7.**

The doctor was interested and gave me every chance to talk about my concerns

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 8.**

The doctor did everything possible to decide on certification

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 9.**

The doctor explained my options and obligations as a holder of a medical certificate

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 10.**

I felt confident and informed when discussing my medical issues with the doctor

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 11.**

The doctor treated me with courtesy, dignity and respect

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

Please note there is another page to this survey

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**Question 12.**

My visit for this medical has been generally useful to me

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  I can't comment on this area

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**Question 13.**

What type of medical did you attend for today

Class 1  ATCO  Class 2  LAPL  Other (please specify)

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**Question 14.**

At the end of your medical was your certification:

Issued  Deferred  Denied

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**Question 15.**

Any general comments?

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Thank you very much for taking the time to complete this feedback. Please hand this back after completion.