

## Patient Satisfaction Questionnaire

Our aim at Waverley House Plastic Surgery Centre is to provide you with excellence in patient care, combined with a high standard of service and facilities.

We invite you to spend a few moments to complete this survey, as your feedback is valuable and will aid us to continually improve our service.

Please return the completed questionnaire at your follow up appointment, or send by mail in the attached envelope.

If you require further discussion with any aspect of your stay with us, please ring 8223 1330 and ask to speak with the practice manager.

Please answer this survey by circling the response most applicable to your experience.



*Waverley House*

CENTRE FOR PLASTIC, RECONSTRUCTIVE  
AND COSMETIC SURGERY

Was the information provided by the doctor and staff prior to your admission easily understood?

**Yes**

**Somewhat**

**No**

Did you access our website?

**Yes**

**No**

If Yes, did you find the information useful?

**Yes**

**Somewhat**

**No**

Were you satisfied with the preoperative assessment process?

**Yes**

**Somewhat**

**No**

Were you satisfied with the admission process?

**Yes**

**Somewhat**

**No**

Were you satisfied with the care you received in the recovery area?

**Yes**

**Somewhat**

**No**

Before you were discharged, did the staff prepare you and your caregiver to manage your post-surgical care at home?

**Yes**

**Somewhat**

**No**

Did you receive a phone call from nursing staff in the days following your surgery?

**Yes**

**No**

Were you satisfied with the overall coordination of your visit, from the time you arrived until you were discharged?

**Yes**

**Somewhat**

**No**

Did you feel that your privacy, dignity and personal needs were met?

**Yes**

**Somewhat**

**No**

Are you satisfied with the outcome of your surgical treatment?

**Yes**

**Somewhat**

**No**



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How were you referred to Waverley House Plastic Surgery Centre?

**Self-referred**

**By another doctor/specialist**

**By friend/family member who has been to the Centre**

**From the white pages**

Would you recommend Waverley House Plastic Surgery Centre?

**Yes**

**No**

If there were any questions in which you answered somewhat or no, could you please elaborate?

Can you let us know of any suggestions so we may aim towards improving our overall service and patient experience?

*Thank you for your time in completing this survey.*



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