



Patient Feedback Form

Client Satisfaction – please circle appropriate answer

1. How would you rate your experience with the clinic upon arrival including reception and waiting time?

Poor Below Average Satisfactory Above Average Excellent n/a

2. How would you rate the dentist who treated you today in terms of their professionalism and friendliness?

Poor Below Average Satisfactory Above Average Excellent n/a

3. How would you rate the Dental Nurse/Assistant who treated you today in terms of their professionalism and friendliness?

Poor Below Average Satisfactory Above Average Excellent n/a

4. How would you rate presentation of the clinic including professionalism, cleanliness, comfort and appeal for all members of the family?

Poor Below Average Satisfactory Above Average Excellent

5. How well were your problems and treatment options explained?

Poor Below Average Satisfactory Above Average Excellent

6. How would you rate the way your treatment looks and feels?

Poor Below Average Satisfactory Above Average Excellent

7. How would you rate the amount of time you had to wait to see a dentist today?

Poor Below Average Satisfactory Above Average Excellent

8. In general, how would you rate the amount of time you had with the dentist today?

☐ It seemed as though my treatments were rushed; I do not feel the dentist spent enough time on me

☐ I felt I had an adequate amount of time with my dentist

☐ I feel the dentist went above and beyond my expectations in regard to time spent with me

9. Would you recommend this practice to your friends, family and Co- workers?

Yes

No

Not Sure

Comments:

Client Expectations

How important are the following in regard to your interaction with this clinic?

10. The skills, qualifications and experiences of the dentist I am seeing:

Not important at all

Slightly important

Important

Very Important

11. The affordability and how competitive this clinic is in regard to cost for the treatments I need to have:

Not important at all

Slightly important

Important

Very Important

12 . How up to date I believe this clinic is in terms of technology available and treatments offered:

Not important at all

Slightly important

Important

Very Important

13. The extent to which the treating staff help to make me feel comfortable and at ease:

Not important at all

Slightly important

Important

Very Important

14. What would be the biggest factors for you in deciding whether or not to have a cosmetic procedure such as whitening, veneers, implants done at this practice?.

15. What is your perception of this clinic's expertise in regard to cosmetic dentistry and oral rehabilitation? Paul Beath's rooms are:

___ below average in this regard

___ on par with other clinics in regard to expertise

___ far superior to other clinics in their expertise

___ not sure

16. Are you aware of the differences in our preventative dental procedures from other dentists?

___ Yes

___ No

___ I'm not sure what procedures are available within the industry at all

17. Please rank the following statements from 1 being most important to 6 being least important:

I choose to be a patient at this clinic because of:

- ☐ confidence in my dentist
- ☐ cost in comparison to other clinics
- ☐ the reputation of this clinic
- ☐ convenience of the location to work/home
- ☐ friendliness and ease of dealing with staff
- ☐ variety of services available

Further comments:

Client Communication

18. How did you first hear about this clinic? Please tick one:

- ☐ phone book
- ☐ local paper
- ☐ internet/website
- ☐ saw it passing by
- ☐ a friend referred me
- ☐ other _____

19. How would you prefer to be kept up to date about news and developments at the clinic? Tick all that apply

- ☐ website updates
- ☐ E newsletter
- ☐ printed newsletter
- ☐ sms/text messages
- ☐ other: _____
- ☐ social media ie Facebook/Twitter

If you would like to provide your email address for subscription to the clinic's e-newsletter, please do so here:

20. If you have ever visited our website, how would you rate it:

Poor Below Average Satisfactory Above Average Excellent

Further comments regarding website and other forms of communication:

21. The following questions relate specifically to our Hygiene Department. If you visited us today to see our Hygienist, please rate the following:

a) Friendliness and professionalism of the staff:

Poor Below Average Satisfactory Above Average Excellent

b) Effectiveness of the procedure:

Poor Below Average Satisfactory Above Average Excellent

c) How gentle was the procedure:

Poor Below Average Satisfactory Above Average Excellent

d) How would you rate your visit to our Hygiene department compared to past “exam, scale and clean” by a dentist at this clinic or any other clinic?

Poor Below Average Satisfactory Above Average Excellent

Client Information (optional)

Name: _____

Age: _____ Gender: _____ Postcode: _____

***Once again, thank you for your time.
Please hand this back to reception.***

| <u>Office Use Only</u> | |
|-------------------------------|-------------------|
| Date: | Treatment: |
| Dentist: | Hygienist: |
| Patient since: | Data entered: by: |