Patient Feedback Form

Practice Name: Mead Physio Group

Dear valued Client,

We would greatly appreciate receiving your feedback on your experience with our practice. This will help us to provide the best quality physiotherapy care. As part of our commitment to safe and high quality health care, we welcome feedback from clients to help us identify areas where we can improve our services to better meet your needs. Your feedback is voluntary, confidential and anonymous.

Thank you

How would you rate your experience with our Practice?

Please circle the number which best corresponds to your level of satisfaction with each of the statements below: For example, if you were very highly satisfied, circle 6. If you were not at all satisfied, circle 1.

		Unsatisfactory ↔		**Satisfactory** ↔		**Above expected** ↔		**Not Applicable**
	Part 1: Respect & Privacy: **These questions relate to the level of respect and privacy shown to you by our practice.**							
1	The level of respect shown to me by my physiotherapist and other practice staff was..	1	2	3	4	5	6	N/A
2	The level of privacy available to me was…	1	2	3	4	5	6	N/A
	Part 2: Information to allow Informed Consent: **These questions relate to the information provided to you by our practice.**							
3	The information I received about treatment options for my condition was…	1	2	3	4	5	6	N/A
4	The information I received about my right to refuse a particular treatment was…	1	2	3	4	5	6	N/A
5	The information I received about my right to see the physiotherapist of my choice was …	1	2	3	4	5	6	N/A
6	The information I received about my right to obtain a second opinion was…	1	2	3	4	5	6	N/A
7	The information I received about my right to change physiotherapists was…	1	2	3	4	5	6	N/A
8	The information provided to me about the practice's fees and services was …	1	2	3	4	5	6	N/A
9	The information I received about my right to provide feedback or make a complaint was…	1	2	3	4	5	6	N/A
10	Overall, the information I received about the recommended physiotherapy treatment, including any potential risks and the likely benefits of the treatment, was…	1	2	3	4	5	6	N/A
	Part 3: General: **These questions relate to the overall service provided by our practice.**							
11	The individual communication I received from the practice was…	1	2	3	4	5	6	N/A
12	The care provided by the practice to suit my cultural needs was…	1	2	3	4	5	6	N/A
13	My involvement in setting goals and making decisions for my treatment was…	1	2	3	4	5	6	N/A
14	The information I received about ways I can manage my own health and wellbeing was…	1	2	3	4	5	6	N/A

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		Unsatisfactory ↔		Satisfactory ↔		Above Expected ↔		Not Applicable
15	The information I received about the practice services, location, contact details, opening hours and out-of-hours care options was…	1	2	3	4	5	6	N/A
16	My ability to get a timely appointment was…	1	2	3	4	5	6	N/A
17	The overall practice environment and facilities are…	1	2	3	4	5	6	N/A
Part 4: Physiotherapy Outcomes - This question relates to the results of your physiotherapy program.								
18	The overall outcome of the health care provided by the practice for my condition was…	1	2	3	4	5	6	N/A

Part 5: Other questions:

19	Are you: ❒ Male ❒ Female
20	What is your age range? ❒ 0 - 18 ❒ 19 - 35 ❒ 36 - 55 ❒ 56 - 75 ❒ 75 +
21	How long have you attended this practice? ❒ Less than 2 years ❒ 2-5 years ❒ 6-10 years ❒ Over 10 years
22	The physiotherapist I usually see when I visit this practice is: _____

Additional questions from the practice can be added here:

Are there any other comments you would like to make about our practice, physiotherapists and staff?

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Thank you for your input.

Please fold and return this form to the person who gave it to you or place it in the box provided.