

DR H. D. NANDHA & PARTNERS

DR. H. D. NANDHA., M.B.Ch.B., L.R.C.P., L.R.C.P.S., D.R.C.O.G

DR. C. KUMAR., M.B.Ch.B., D.R.C.O.G., M.R.C.G.P

DR. R. THAKOR., B.Sc., M.B.B.S., D.R.C.O.G., D.F.S.R.H., M.R.C.G.P

THE MEDICAL CENTRE
30 - 32 LOUGHBOROUGH ROAD
LEICESTER

LE4 5LD. TEL: 0844 477 3509 / 0116 319 2545

EVINGTON MEDICAL CENTRE
2 - 6 HALSBURY STREET
LEICESTER

LE2 1QA. TEL: 0844 477 3587 / 0116 319 0343

PATIENT SATISFACTION QUESTIONNAIRE

Please mark the questions by ticking the box as appropriate

1. What is your gender? Male Female
2. What is your age group? Under 20 21-30 31-40 41-50
51-60 61-70 over 70
3. What is your ethnic group? _____
4. When you phone the surgery, are your calls:
4.1 Answered quickly Yes No
4.2 Dealt with efficiently? Yes No
- Thinking back to your most recent visit:
5. Were the staff polite? Yes No
6. Were you seen on time? Yes No
6.1 If no, how long did you wait? _____ mins
6.2 Was an explanation given for the wait? Yes No
7. Did you understand what the doctor or nurse told you? Yes No
8. How much information were you given about your treatment?
Not enough Enough Too much Not Sure
9. Generally, how do you overall rate the service you receive from the surgery?
Excellent Very Good Good Fair Poor
10. Overall, how do you rate the service and care that you received today?
Excellent Very Good Good Fair Poor
11. Are you happy with our surgery opening times? Yes No

12. What did you like about the service we provided?

13. What can we do to improve our services?

14. Are there any other comments, suggestions or issues about the service that you would like to raise with us?

15. Are you aware of our Patient Participation Group (PPG) Yes No

If you are interested, then please leave your details at reception

WITH YOUR FEEDBACK, WE CAN WORK TO PROVIDE A BETTER SERVICE