



PATIENT SATISFACTION SURVEY

In the interest of providing and maintaining the highest possible quality of care ,we would appreciate **your** comments about **your** experience at Jolimont Endoscopy.
 All information is strictly confidential.
 Please complete, and return via the email facility.

Thank you

Date:

Please tick

	Excellent	Good	Fair	Poor
1. Courtesy of the staff				
2. Efficiency of the staff				
3. Pre admission instructions				
4. Post procedure instructions				
5. Your overall experience				

6. Did the reception staff discuss the admission process to your satisfaction
 Yes No

7. Did the admission nurse discuss your procedure and nursing care to your satisfaction
 Yes No

8. Did the anaesthetist discuss your procedure to your satisfaction
 Yes No

9. Did the doctor discuss your procedure to your satisfaction
 Yes No

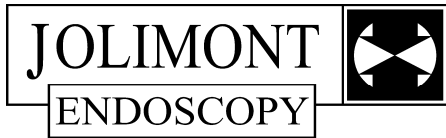
10. Did you experience any problems during your procedure or recovery stage
 Yes No

if yes, please explain

11. Did you experience any problems after discharge from the centre
 Yes No

if yes, please explain

12. Would you recommend this centre to family and friends
 Yes No



Part of Jolimont Endoscopy Pty. Ltd. Group ABN 22 842 154 294

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Your comments or suggestions are appreciated, if you wish to add more , please do so on the back of this form.

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