**Feedback form**

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| --- |
| **My feedback is about:** |
| ……………………….. **surgery** *(Which doctor’s surgery you want to tell us about)* |
| **Please tell us who you are:** |
| **I am the patient I am a carer I am** *(Please explain)* |

***Please tell us about your experience of visiting your doctors’ surgery; use✓ in a box:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How was your experience?** | | | | | | | |
| **Very Good** | | **Good** | | **Just OK** | **Not good** | **Bad** | **Don’t know** |
|  | | **What did we do well?** | | | | |
| **1.**  **2.**  **3.** | | | | |

|  |  |
| --- | --- |
|  | **What do we need to do better?** |
| **1.**  **2.**  **3.** |

|  |  |
| --- | --- |
| **If you would like to talk to us about your answers, give us your details and we will contact you.** | |
| Name: | Contact number: |