

Date: 

## Shrewsbury Road Surgery

Approximately how many times have you seen a medical professional at the surgery in the **last 12 months?**

(Please provide a number in this box)

Which of the following services have you used at the surgery in the **last 12 months?**

(Please tick **all** that apply)

	Tick here		Tick here
GP Appointment		Health Care Assistant	
Nurse Appointment		Blood Tests	
Telephone Advice (GP or Nurse)		Practice Website	
Home Visit		Other	

Overall, how do you rate the **Range & Quality** of the **Services** you have used in the **last 12 months?**

	Tick here
Excellent	
Good	
Fair	
Poor	

In the **past 6 months** have you always been able to get an **Urgent Appointment** with a doctor or nurse when you have requested one?

	Tick here
Yes	
No	
Not Applicable	

Please rate on the **Efficiency** of how easily you were able to get each of the following in the **past 6 months**, if applicable.

	Speak to a health care professional on the phone	See a health care professional face to face	Get test results
Excellent			
Good			
Fair			
Poor			

Do you find the present system for **Booking Appointments** convenient?

	Tick here
Yes	
No	

If you answered No to the above question, what would improve it for you?

How important to you are the following **Services Offered** at the surgery?

	Excellent	Good	Fair	Poor
Online services via the internet				
Telephone consultations				
Face to face consultations				

How do you rate the **Facilities Offered** at the surgery?

	Tick here
Excellent	
Good	
Fair	
Poor	

Based on your last visit to the surgery, please rate on the Service of the **Receptionist**

	Tick here
Excellent	
Good	
Fair	
Poor	

Based on your **last visit to a Doctor**, please rate the **Treatment/Care Provided**

	Tick here
Excellent	
Good	
Fair	
Poor	

And which Doctor was it?

Based on your **last visit to a Practice Nurse** please rate the **Treatment/Care Provided**

	Tick here
Excellent	
Good	
Fair	
Poor	

And which Practice Nurse was it?

Your feedback is very important to us and used to improve our quality of service we provide. Please add any additional comments below you feel would be useful to the management of the practice.

**Thank you completing this survey**  
**Please place the completed surveys in the box at reception**