



## Please tell us about your experience at the Stratford Clinic.

Thank you for choosing The Stratford Clinic for your healthcare today. We continually seek to provide our clients with the best of care and the best service. One of the most important aspects of this is how you feel about the service you received whilst in our care at the clinic.

We are keen to hear about what we are doing well so that we keep doing these things as well anything you feel we can improve upon. The form should take less than five minutes to complete.

Please do feel you can be as honest as you like. All comments are reported anonymously to our governance committee which meets quarterly to monitor our performance. We will not reveal your identity unless you give us permission.

If you would like a written response from us following to your feedback please indicate this by ticking the box at the end of the form.

<b>Before your appointment</b>		
Was your appointment at a convenient date and time for you?	<b>Y</b>	<b>N</b>
Did you have enough information before your appointment?	<b>Y</b>	<b>N</b>
Was the communication regarding the appointment sufficient?	<b>Y</b>	<b>N</b>
Were you able to find the clinic without difficulty?	<b>Y</b>	<b>N</b>
<b>At your appointment</b>		
Did the clinic staff treat you with respect?	<b>Y</b>	<b>N</b>
Was your appointment on time?	<b>Y</b>	<b>N</b>
<b>The clinic facilities</b>		
Was the clinic clean and tidy?	<b>Y</b>	<b>N</b>
Were you afforded sufficient privacy during the entirety of your visit?	<b>Y</b>	<b>N</b>
<b>The care you received</b>		
Did you have sufficient time with your doctor?	<b>Y</b>	<b>N</b>
Was your condition explained to you in a way you could understand?	<b>Y</b>	<b>N</b>
Was any treatment you needed explained to you in a way you could understand?	<b>Y</b>	<b>N</b>
Did you have confidence and trust in the professionals treating you?	<b>Y</b>	<b>N</b>
<b>After your appointment</b>		
Were you given advice on what you needed to do after your visit (treatments, follow-up appointments)?	<b>Y</b>	<b>N</b>
Would you recommend this clinic to a family member or friend?	<b>Y</b>	<b>N</b>



**How could we have improved your experience?**

**What did we do well that was important to you?**

**Date of visit**

**Reason for visit (please circle the one that applies)**  
Outpatient consultation      Day case treatment      Preliminary visit

**Other Comments?**

**May someone from the clinic to contact you to discuss your experience?**      Yes      No  
**Do you require a written response to your comments?**      Yes      No

If you have answered yes to either of the above questions please provide your contact details

Name.....  
Address.....  
Telephone .....      e-mail .....

Return to **The Stratford Clinic Stratford, Rother House Medical Centre, Stratford-upon-Avon, CV37 6PP**