

**Canberra Heart Clinic**  
Lidia Perin Medical Centre  
Suite 1, 12 Napier Close  
Deakin 2600

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### Patient Feedback Form

The service you received

|                                    |                       |
|------------------------------------|-----------------------|
| Consultation                       | Echocardiogram (Echo) |
| Electrocardiogram (ECG)            | Exercise stress test  |
| Exercise stress echo               | Holter/Event monitor  |
| Blood Pressure monitor             |                       |
| Pacemaker or other device analysis |                       |

1. Is this the first visit to our practice?

Yes                                      No

2. Arranging your cardiology service- Did you book the appointment yourself?

Yes                                      No (Go to question 5)

3. How would you rate clearness of instructions provided before your visit:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

4. On arrival- How would you rate the courtesy of reception/administration staff:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

5. Waiting time in reception area:

|                   |            |
|-------------------|------------|
| 0-15 mins         | 16-30 mins |
| 31-45 mins        | 46-60 mins |
| more than 60 mins |            |

6. Feedback given about waiting time:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

7. Your cardiology service- Courtesy of the staff who provided your service:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

8. Explanations from the staff about what would happen during your service:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

9. Information regarding results- Were you informed of the results of the service immediately?

Yes  
No

10. Were you informed how you would receive the results?

Yes  
No

11. Were you informed how long it would take to receive the results?

Yes  
No

12. Overall rating of service received during your visit:

|           |      |
|-----------|------|
| Very Poor | Poor |
| Fair      | Good |
| Very good |      |

What most impressed you about the practice?

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What least impressed you about the practice?

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How could we improve our service?

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General Comments.

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Your gender:

- Male
- Female

Your age group:

- 0-17 years
- 18-34 years
- 35-49 years
- 50-64 years
- 65+ years

Thank you for taking the time to complete this survey we hope we can continual improve our service to you. Please list you name and phone number below if you would like us to contact you with regards to your feedback.

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