Canberra heart clinic

PATIENT FEEDBACK FORM

The service you received:

- ☐ Consultation
- ☐ Electrocardiogram (ECG)
- ☐ Stress Echocardiogram
- ☐ 24 Hour Blood Pressure
- ☐ Device Check
- ☐ Echocardiogram
- ☐ Telehealth Consultation
- ☐ Holter Monitor

1. How would you rate clearness of instructions provided before your visit?

   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. Please rate quality of explanation from the staff regarding what would happen during your service.

   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

3. Please rate the overall service received during the visit.

   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

4. What most impressed you about the practice?

5. What least impressed you about the practice?

6. How can we improve our service?

7. General Comments (if any):

- *Please list your name and phone number if you would like us to contact you with regards to your feedback.*

Name:

Contact Number:

Thank you for taking the time to complete this survey ☺