

SUSSEX MEDICAL CHAMBERS CLIENT FEEDBACK QUESTIONNAIRE

1. What are you here for today?

Consultation Imaging Other

Who are you visiting?

- 2. Why did you first come to us?

- 3. What keeps you coming back? (follow up clients)

- 4. One single thing that we could do to improve our service?

- 5. One thing that you do not like about the service?

HOW WOULD YOU GRADE US?

	Poor		Good		Excellent
	1	2	3	4	5
Telephone reception					
Clinic reception					
Standard of care					
Quality of treatment					
Attitude of staff					
Expertise of staff					
Our premises					
The overall service					

The following information is entirely voluntary but would be useful to us

Your Name	
Date of last consultation	
Would you like us to contact you?	Telephone No.

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If you have any other comments to make, please write them on the back of this sheet