

PATIENT FEEDBACK

Thank you for taking part.

We very much appreciate your time in completing our survey. We use the results of our survey to make improvements in the service we provide and to get a better understanding of the types of services our patients might like to see at the Zhai Clinic.

How long did you wait for an initial consultation? (days/weeks)

How do you rate the Clinic overall on a scale of 1 to 5, with 5 being excellent and 1 being poor?

First impression

Availability of information about Zhai Clinic facilities before your arrival e.g. our website	5	4	3	2	1	N/A
Our greeting on your arrival	5	4	3	2	1	N/A
Service provided by our reception staff	5	4	3	2	1	N/A
Was the initial consultation offered you within the times frame you expected?	5	4	3	2	1	N/A

Protecting you

You were shown respect for your dignity and privacy	5	4	3	2	1	N/A
You were shown respect for your religious & cultural beliefs	5	4	3	2	1	N/A
Your confidentiality was maintained throughout your visit	5	4	3	2	1	N/A
You were able to provide full and valid consent to any treatment	5	4	3	2	1	N/A
What do you consider is the overall cleanliness of the clinic?	5	4	3	2	1	N/A
What is your overall impression following your visit?	5	4	3	2	1	N/A

Your Consultation or treatment

The practitioner making you feel at ease	5	4	3	2	1	N/A
The practitioner being interested in you as a person	5	4	3	2	1	N/A
The practitioner fully understand your concerns	5	4	3	2	1	N/A
The practitioner showing care and compassion	5	4	3	2	1	N/A
The practitioner helping you understand your condition	5	4	3	2	1	N/A

Your comments

Any suggestions or comments you may have on how the Clinic could be improved, we would be delighted to hear your views.

If you would like to discuss any of the comments you have made or have any further suggestions, we would be happy to contact you. If so, please provide your details here, otherwise you may leave this part blank.

Name: _____ Telephone: _____

Email: _____

Your details will be kept confidential to the practice and will not be released to any other party.

Contact us:

Address:

The Zhai Clinic
128 -130 Harley Street
London W1G 7JU
Email: info@zhaiclinic.com
Telephone: 020 7486 8438

Please leave this form with the reception desk or alternatively, return it by email to marlene.stanboulia@zhaiclinic.com or post to:

Mrs. Marlene Stanboulia
Practice Manager
The Zhai Clinic
130 Harley Street
London W1G 7JU

Complaints

In the event you wish to raise a concern or make a complaint regarding any aspect of your care or treatment, please contact our Practice Manager directly. We are committed to listening to your concerns and addressing them in a timely and caring manner and aim to use your comments to improve our services.

Thank you so much for filling out feedback form. We value your comments and will be using it to improve our services.