

Client Questionnaire

We are doing a survey for internal quality control and improvement and would appreciate your feedback. Please could you fill in this questionnaire and either drop it into reception or email us via info@millhousevets.co.uk

Please rate the practice premises against each of the following questions according to the rating of:

Very Poor Poor Fair Good Very Good N/A

Ease of appointment booking or visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approachability and helpfulness of team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining the condition and treatment required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions regarding treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing or arranging treatment or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed of fee changes and payment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping you informed of important changes in the practice e.g practice team changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that you would recommend this practice premises to a friend or colleague on a scale of 0-10, with 0 being 'not at all likely', and 10 being 'extremely likely'.

0 1 2 3 4 5 6 7 8 9 10

Pets's Name:	<input type="text"/>	Your Name:	<input type="text"/>
Telephone:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		