HILL BARTON SURGERY

**FRIENDS AND FAMILY FEEDBACK TEST**

We would like you to think about your recent experiences of our service

How likely are you to recommend our GP practice to friends and family if they need similar care or treatment?

|  |  |
| --- | --- |
| Extremely likely |[ ]  C:\Users\L.Hudson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\D8R5H2CW\MC900433817[1].png |
| Likely |[ ]  C:\Users\L.Hudson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\0X3RMC2N\MC900423159[1].wmf |
| Neither likely nor unlikely |[ ]  https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRw7UTEb3gxpGnPyBdlf9uWcqaiCZ_zIOte5mHkBicDJGNuMeTS9CrDZao |
| Extremely unlikely |[ ]  C:\Users\L.Hudson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\D8R5H2CW\MC900423165[1].wmf |
| Don’t know |[ ]  https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcRWQIUd6EJW_ZvgCh5dZfrQKT9kOlIRqsG-xRShzZcY2FFIkzdGD7ifoCdXNA |

The practice is keen to get your feedback and suggestions. Feedback enables us to improve where it matters.

Please add a suggestion overleaf, for one thing about your care or treatment that we could do to improve our service. (optional)

*PTO for additional space if required*

Please tick this box if you DO NOT wish your comments to be made public [ ]

Please complete the following to aid analysis:-

**Gender:** Male [ ]

Female [ ]

**Age:** 16-25 [ ] 26-35 [ ] 36-45 [ ]

46-55 [ ] 56-65 [ ] 65 + [ ]

Please place completed form in the feedback box on reception, thank you