



Dr. Virginia Hobday & Associates

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PATIENT FEEDBACK SURVEY

The doctors and support staff at the Cayman Clinic are dedicated to providing the highest quality of care to our patients and local community. We welcome your feedback and suggestions for improving our service.

It is more beneficial if you read and complete this survey *after* you have seen the doctor however you can also complete it by referring to your previous consultation(s)

This survey is anonymous. Do *not* write your name on either page. To complete the survey, please indicate your response by placing a tick in the appropriate box.

	PRATICE SERVICES AND FACILITIES	YES	NO	Uncertain
1.	Do you find it easy to contact the practice via telephone?			
2.	Did you know you could request longer consultations if needed?			
3.	When you phoned the practice do you feel your needs were addressed adequately?			
4.	Have you been able to speak to the doctor over the phone (or email if applicable) when an appointment was not required?			
5.	Did you know there are home and other visits available to you when appropriate both within normal opening hours as well as outside normal hours?			
6.	Are you aware that we are open Saturday morning and until 6:30 PM on Monday and Thursday?			
7.	Are you able to make an appointment with the doctor of your choice if they are available?			
8.	Are you satisfied with the facilities in the consultation rooms?			
9.	Is the seating in the waiting room adequate?			
10.	Are toilets and hand washing facilities clean and adequate?			
11.	Was the waiting time to see the doctor acceptable? Please indicate your waiting time: minutes			
12.	Are you satisfied with how the practice caters for your privacy?			

	DOCTOR SEEN AT THIS CONSULTATION	YES	NO	Uncertain
13.	Are you satisfied with how the doctor explains the purpose, importance and benefits of proposed treatments, referrals, tests and procedures as well as any risks involved were applicable?			
14.	Does the practice or your doctor inform you of any costs associated with services that are in addition to the consultation?			

PATIENT FEEDBACK SURVEY cont'd

	PRACTICE SERVICES AND FACILITIES	YES	NO	Uncertain
15.	Does your doctor discuss with you the costs of treatments or consultations before referring you to medical specialists or allied health professionals?			
16.	Does your doctor discuss health promotion and illness prevention with you?			
17.	Does your doctor treat you respectfully?			

DOCTOR SEEN AT THIS CONSULTATION: _____

	PRACTICE SUPPORT STAFF	YES	NO	Uncertain
18.	Does the practice staff treat you respectfully?			
19.	Are you confident that any feedback or complaints would be handled appropriately?			
20.	Did they attend to your needs in a timely and professional fashion?			

	GENERAL ISSUES	YES	NO	Uncertain
21.	Have you been a patient of the practice for more than 2 years?			

Are there any areas where this practice could improve its service or facilities?

Are there any other comments you would like to make about the practice, doctors or staff?

Please tell us about yourself. This information is confidential and will not be used to identify you.

Your age in years: _____ Gender: Male Female

How many times have you visited this practice in the previous year? Once More than Once

Thank you for assisting us to maintain and improve our practice service and facilities for you.