



Patient Feedback survey - please ensure you've read the patient information sheet prior to completing the survey. You can complete this via this form or using the online QR code or login details to the right hand side.



- Ensure you mark the box clearly, if you make a mistake mark the new box and ensure the incorrect box is completely filled in. If you don't do this your answer can't be counted
- Ensure any comments in the free text section are written clearly, you can use block caps if this is easier for you
- Ensure you base your responses on this doctor and consultation only

<https://orbit360.heiw.wales/survey>

Access Code:

Pt52ca128

To respond:  To correct a mistake:  (completely fill the shape)

**For Dr**

Ellie Owen

**How good was your doctor today at each of the following?**

(please select one from each line)

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply
Being polite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making you feel at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing your medical condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining your condition and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in discussions about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing or arranging treatment for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please decide how strongly you agree or disagree with the following statements**

(please select one from each line)

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply
This doctor will keep information about me confidential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This doctor is honest and trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please complete both sides of this form



2070 0001

**I am confident about this doctors ability to provide care** (please select one)

Yes

No

**I would be completely happy to see this doctor again** (please select one)

Yes

No

**Was this visit with your usual doctor?** (please select one)

Yes

No

Please add any other comments you want to make about this doctor.

Please note: No patients will be identified when this information is given to the doctor.



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