



Patient Feedback / Suggestions for Improvement

Dear Patients,

The doctors and staff at Warragul Family Medicine are committed to providing you with a high standard of patient care. Your input helps us to improve our service.

1. Patient Information *(optional)*

Name:

Phone / Email:

Date of Visit:

2. Type of Feedback

Please tick one:

- Suggestion for improvement
- Complaint
- Compliment
- Other:

3. Your Feedback

Please describe your suggestion or experience:

4. What could we do to improve?

5. How satisfied were you with your overall experience?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied



Patient Feedback / Suggestions for Improvement

6. Would you like us to contact you regarding this feedback?

Yes

No

If yes, preferred contact method:

Phone Email

7. Additional Comments

Thank you for your feedback.

Your suggestions help us improve the quality of care we provide.

practicemanager@warragulfamilymedicine.com.au

PO Box 1164, Warragul VIC 3820