

# Patient Satisfaction Survey

## Dear Patient:

The Patient Satisfaction Survey is a voluntary program that Specialist Surgicentre operates to seek and act from feedback received.

You have been invited to participate in this feedback, and we would welcome your comments, your compliments or your suggestions for improvement.

Please submit the completed form to [num@specialistsurgicentre.com.au](mailto:num@specialistsurgicentre.com.au)

## Part 1: Details about you (this section voluntary)

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Family Name:

First name:

Admission Date:

Aboriginal of Torres Strait Islander Yes No      Were your cultural requirements identified? Yes No

## Part 2: How did you hear about our Specialist Surgicentre?

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Your doctor

A Friend

Website

Other

**Please provide other relevant details:**

## Part 3: Your funding profile (this section voluntary)

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For the procedure you had today are you currently:

Not insured:

In a Health Fund

Covered by Workcover

Covered by Veterans Affairs:

## Part 4: Your experience at Specialist Surgicentre

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Did you view the information provided for you in the Patient & Visitor Information in Reception?

Are you aware Specialist Surgicentre is a registered hospital with the Department of Health and Human Service Vic?

Do you know how to make a compliment/complaint?

Did your experience at Specialist Surgicentre meet your expectations?

## How would you rate your experience at each area of care?

	Excellent	Satisfactory	Average	Could Improve
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Would you recommend to your friends to Specialist Surgicentre?** Yes:  Maybe:  No:

## Part 5: Anything we missed? Can you help us improve?

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**Part 6: Would you like to be included in our policy and documentation review?** Yes:  No:

If yes, Can we contact you?

Do you have a preferred email address for discussion?

Thank you for your feedback.