

# Cathays Surgery - Feedback Form

## Your details

Title:		Date of Birth:	
Forename(s):		Surname:	
Home Address:	  		
Postcode:			

## Your recent experience

How has your recent experience at Cathays Surgery?



Very Satisfied

Neither Satisfied or  
Unsatisfied

Very Unsatisfied

What happened to make you feel like this?

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What date did this happen?

Do you know the name of the staff member(s) you interacted with during this experience?

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Please turn over to give us feedback on your overall experience as a patient at Cathays Surgery

**Your overall experience**

**How has your overall experience been while registered at Cathays Surgery?**



Very Satisfied

Neither Satisfied or  
Unsatisfied

Very Unsatisfied

Why? \_\_\_\_\_  
\_\_\_\_\_

**How has your experience been with the clinical staff at Cathays Surgery? (GPs and nurses)**



Very Satisfied

Neither Satisfied or  
Unsatisfied

Very Unsatisfied

Why? \_\_\_\_\_  
\_\_\_\_\_

**How has your experience been with the reception and admin staff at Cathays Surgery?**



Very Satisfied

Neither Satisfied or  
Unsatisfied

Very Unsatisfied

Why? \_\_\_\_\_  
\_\_\_\_\_

**Do you have any other feedback / comments you would like to give us?**

**If so, feel free to leave this feedback / comments below.**

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\_\_\_\_\_  
\_\_\_\_\_

Your signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Thank you for completing this form.**

**To submit the form, please post it to the surgery or put it through the surgery's letter box on the Staff Entrance**