



# PATIENT SURVEY

# Your Health Your Say

This form is for you to tell us what you really think about our services. It's your health service so we need you to have your say on how we can do things better or tell us when we are getting things right.

Date:

Who did you see today?

- Community Manager
- Foot Doctor
- Children's clinic
- General support
- Doctor
- Ear Doctor
- Nutrition Program
- Pharmacy
- Nurse
- Diabetes Educator
- Exercise Program
- Transport
- Midwife
- Women's Clinic
- Health Promotion Activity
- Dietitian
- Men's Clinic
- Telehealth

*(Please Circle)*

How was your visit today?



Did you feel you were given enough time for your visit  Yes  NO

Did you get the information you needed  Yes  NO

Overall how would you rate Gurriny?



Tell us what we could do better
