

PATIENT FEEDBACK FORM

- The service you received:
- Consultation
 - Electrocardiogram (ECG)
 - Exercise stress echo
 - Blood Pressure monitor
 - Pacemaker or another device analysis
 - Echocardiogram (Echo)
 - Exercise stress test
 - Holter/Event monitor

1. How would you rate clearness of instructions provided before your visit?

- Excellent
- Good
- Fair
- Poor

2. Please rate quality of explanation from the staff regarding what would happen during your service.

- Excellent
- Good
- Fair
- Poor

3. Please rate the overall service received during the visit.

- Excellent
- Good
- Fair
- Poor

4. What most impressed you about the practice?

5. What least impressed you about the practice?

6. How could we improve our service?

7. General Comments (if any):

❖ *Please list your name and phone number if you would like us to contact you with regards to your feedback.*

Name:

Contact Number:

