



## Health Consult Feedback Form (FOLLOW-UP)

We really value your feedback in order for us to improve our service.

Date \_\_\_\_\_

Patient Name/ID#: \_\_\_\_\_

Please specify practitioner consulted \_\_\_\_\_

Please rate your overall experience from your visit today? (5= Very Satisfied, 1=Unsatisfied)

1	2	3	4	5
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How satisfied are you with the outcome of your appointment? (5= Very Satisfied, 1=Unsatisfied)

1	2	3	4	5
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How would you rate the expertise and support received from the practitioner consulted? (5= Very Satisfied, 1=Unsatisfied)

1	2	3	4	5
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How likely would you recommend Invitation to Health to others (5=definitely, 1=not likely)

1	2	3	4	5
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How highly do you value access to multiple practitioners within one centre? (5=very important, 1=not important)

1	2	3	4	5
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If less than 3 for any of the above responses, please provide further information –

	Yes/No
Clinical Outcome not achieved	
Patient Experience	
Clinical knowledge and communication	
Other, please specify.	

In a few words, could you please comment on the positive aspects of your consultation

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Any other feedback/comments?

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**Thank you for taking a few minutes to gather this information.**