

## **PATIENT QUESTIONNAIRE FORM**

108 Harley Street aims to provide a high standard of service and patient care. In order to assist with our on-going programme of quality control, we welcome feedback from our patients.

Radiologist					Excellen	t	Good	Unsatisfactory	Very Poor
Was your appointment date and time at your request?									
How would you rate the level of care provided by your radiologist?									
Was the information provided by your radiologist helpful?									
Radiogra	pher								
How would you rate the level of information provided before your scan?				e your scan?					
How would you rate your radiographer today?								П	П
Administ	tration	- Receptionist			_				
Was the member of staff booking your appointment professional and helpful?				sional and helpful?				П	П
Was the receptionist friendly and informative?									
If payment was taken, was the receptionist helpful and approachable?									
Accounts	s Depa	rtment							
Was the member of staff courteous and efficient?									
Were you happy with the speed of your insurance claim?									
Typing Department									
Were you satisfied with the quality of your radiology report??									
Were you satisfied with the timeliness of receiving your report?				ort?					
		would you rate the following in teri om (space), lighting and comfort?	ms of cl	eanliness,					
Overall appearance of building									
Waiting room									
Changing facilities									
Treatment room facilities									
Please a	dd any	further comments:							
Name: Date:  Account paid by: Medical insurer									
		intment:							
Recomm	ended	by: NHS GP ☐ Private GP ☐ Compa	any Doc	tor Consultant Frien	ıd 🔲 Exis	ting Pat	ient 🔲 O	ther	
Official r	eferral	: NHS GP ☐ Private GP ☐ Company	/ Docto	· ☐ Consultant ☐ Friend	I □ Othe	r			
	2	Breast	<b>O</b> _	Skin		Å	Gilmore's	s Groin & Hernia	
	N	Sports Injury	梨	Vascular		8	Women's	s Health	
		Pectal	(+)	X-Pay & Imaging		2	Day Sur	nerv	