



Elgar House Feedback Form



Appointment Date: _/_/___

Age _____
Gender _____

How did you find the following...	Poor 	Fair 	Good 	Excellent 	Not sure 
The time it took for you to be seen?					
The way our staff welcomed you					
The way they listened to you					
The information you were told or given					
The way you were treated					

Would you tell your friends and family to choose this doctors surgery for appointments? Yes No