

**PATIENT QUESTIONNAIRE =108= HARLEY STREET**

*At 108 Harley Street, we aim to provide a high standard of service and patient care. In order to assist with our ongoing programme of quality control, we welcome honest feedback from our patients. We regard your opinions and comments as extremely valuable and use them to identify areas of success and opportunities for improvement.*

*All replies will be treated in the strictest of confidence and may be anonymous if you wish:*

Name: .....

Accounts paid by: Medical insurer/ Self paying/ Company/ Embassy/ Other

Nature of Appt: ..... Date: .....

Recommended by: NHS GP/ Private GP/ Company Doctor/ Consultant/ Friend/ Existing Patient/ Other

Official referral: NHS GP/ Private GP/ Company Doctor/ Consultant/ Other

OTHER – Please specify: .....

**Please grade the following questions as follows:**

Please add any further comments in the space provided.

- |    |                    |
|----|--------------------|
| 1. | Excellent          |
| 2. | Good               |
| 3. | Average/Acceptable |
| 4. | Unsatisfactory     |
| 5. | Very poor          |

**CONSULTANT**

Availability                                    1   2   3   4   5   .....

Manner    1   2   3   4   5   .....

Level of information provided        1   2   3   4   5   .....

Level of care                                    1   2   3   4   5   .....

**NURSING**

Efficiency/Manner                        1   2   3   4   5   .....

Level of care                                    1   2   3   4   5   .....

Availability/Results and queries    1   2   3   4   5   .....

**X-RAY**

Overall Efficiency/Manner            1   2   3   4   5   .....

Professionalism                            1   2   3   4   5   .....

Efficiency/Care of Radiographer    1   2   3   4   5   .....

**ADMINISTRATION – RECEPTION/FRONT OFFICE**

Overall Efficiency/Manner            1   2   3   4   5   .....

Efficiency/Manner of telephone enquiries and appt booking    1   2   3   4   5   .....

Efficiency/Manner following appointment    1   2   3   4   5   .....

**SURGERY BOOKING**

Efficiency/Manner of booking 1 2 3 4 5 .....  
Level of information provided 1 2 3 4 5 .....

**ACCOUNTS**

Efficiency/Manner 1 2 3 4 5 .....  
Speed of Claim processing 1 2 3 4 5 .....

**FACILITIES**

Waiting room 1 2 3 4 5 .....  
Consulting room 1 2 3 4 5 .....  
Treatment room facilities 1 2 3 4 5 .....  
Changing facilities 1 2 3 4 5 .....  
Overall appearance of building 1 2 3 4 5 .....

**INSURANCE COMPANY NAME:** .....

**Ins Co. performance** 1 2 3 4 5 .....

Please add any comments you have regarding our service:

**AT 108**.....  
.....  
.....  
.....

**108**  
MEDICAL  
CHAMBERS

108 HARLEY STREET  
LONDON W1G 7ET

The Home of

- THE LONDON BREAST CLINIC
- THE LONDON SKIN CLINIC
- THE GILMORE GROIN & HERNIA CLINIC
- THE LONDON RECTAL CLINIC
- THE LONDON SPORTS INJURY CLINIC
- 108 X-RAY AND IMAGING

Telephone 020 7563 1234 | Facsimile 020 7563 1212 | Email info@108harleystreet.co.uk | Web www.108harleystreet.co.uk

**Please return your completed questionnaire in the prepaid envelope to:  
Hamish Millar, 108 Harley Street, London W1G 7ET**

