

Dr Linda Greenwall's Dental Practice - Hampstead Healthcare

At Hampstead Healthcare we want to provide you with the very best possible personal care and service that meets your needs. To do this it is important that we know how you find the practice and the care we provide and to gain your views on where we can improve. We would be very grateful if you would spend five minutes completing this form and then posting it in the box in reception.

HOW DID YOU HEAR ABOUT THE PRACTICE?

Advertisement [] Passing the door [] Recommendation [] Yellow Pages []
 Other directory [] Practice leaflet [] Website [] Other means []

PRACTICE'S GENERAL APPEARANCE

	<i>Very good</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Décor				
State of repair/maintenance				
Outside appearance				
Cleanliness				

RECEPTION

	<i>Yes</i>	<i>No</i>	<i>No opinion</i>
Are the reception staff helpful?			
Have you ever been kept waiting too long to see the dentist/hygienist?			
Are you dealt with efficiently at reception?			

WAITING ROOM

	<i>Yes</i>	<i>No</i>
Is it relaxing?		
Is it comfortable?		
Is it welcoming?		

PRACTICE PERSONNEL

Dentists	<i>Yes</i>	<i>No</i>	<i>No opinion</i>
Are the dentists helpful?			
Caring?			
Friendly?			
Do they listen to you?			
Do they explain enough to you?			
Do you feel confident about the quality of treatment they are providing for you?			

<i>Other staff (dental therapists, dental hygienists, dental nurses, dental receptionists)</i>	<i>Yes</i>	<i>No</i>	<i>No opinion</i>
Are they friendly?			
Caring?			
Helpful?			
Are they well informed?			
Do they reassure you?			

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PATIENT INFORMATION

	<i>Yes</i>	<i>No</i>	<i>No opinion</i>
Are there enough useful dental leaflets?			
Would you like some dental DVD's?			
Do you find the Newsletters interesting?			
Does the Practice brochure contain enough information?			
Photographs of before and after treatments?			

Comments and suggestions for improvement

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APPOINTMENTS

	<i>Yes</i>	<i>No</i>	<i>No opinion</i>
Is it easy to book an appointment?			
Do you have too long a long wait for a future appointment?			
Would you like the option of early morning appointments?			
Are there any other times that you would like the practice to be open?			

If yes, when?.....

COMPLAINTS

	<i>Yes</i>	<i>No</i>	<i>No Opinion</i>
Do you know about the practice complaints procedure?			
Do you feel that the practice welcomes complaints?			
Have you complained in the past?			
If yes, was the complaint dealt with to your satisfaction?			
Do you know who deals with complaints?			

WHAT ATTRACTS YOU MOST ABOUT THE PRACTICE?

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WHAT DO YOU LIKE LEAST ABOUT THE PRACTICE?

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WOULD YOU RECOMMEND THE PRACTICE TO OTHERS?

Yes No Please tell us why

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Please use this space to make any other comments about the practice to help us to improve our service to you. Thank you very much for sparing the time for this survey. Please hand this form to one of our team.

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