

Gosforth Memorial Medical Centre Patient Survey

To help us improve our services to you, can you please take a moment to complete the following survey

Are you aged...

Under 16	
17-25	
26-40	
41-60	
61 – 75	
75 & over	

1. What do you like best about the Practice? - please comment

2. Are the Practice premises and facilities acceptable ? YES/NO

If NO what do you think we could improve about the Practice? - please comment

3. Are you aware of all of the services that the Practice has to offer? YES/NO

4. Have you seen our Web Site and the option to book appointments and prescriptions online?
YES/NO

5. Do we have enough information available to you about the Practice, either in the Practice or on the Web Site? YES/NO

6. If No what information do you think we should be providing? – please comment

7. Do you own a mobile phone? YES/NO

8. If yes, would you be happy to receive texts e.g. for appointment reminders the day before an appointment, recalls for medication reviews & general surgery information? YES/ NO

If yes please provide your name, address, date of birth and up to date mobile phone number in order that we can update our records.

9. Were you aware that we had a Patient Participation Group? YES/NO

If you would like to be involved, please provide your name address and date of birth.