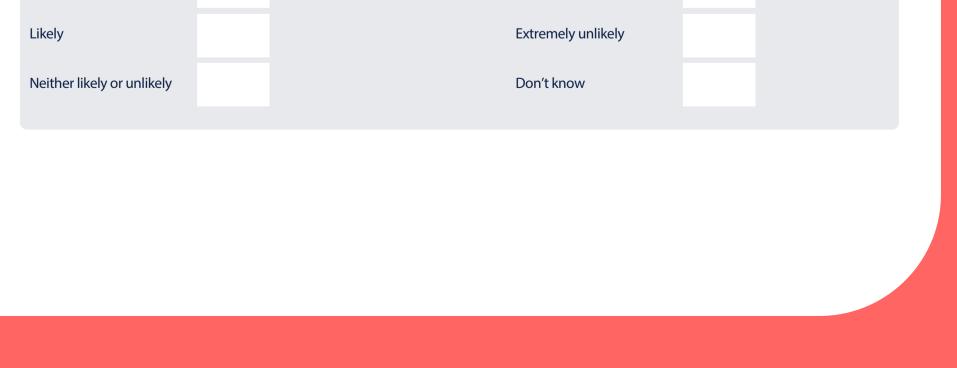


## We're Listening...

COMM	IENT CARD		Date Time			
We welcome your comments about patient safety and your experience of our services. Please let us know what you think, by writing your comment on the other side of this card.						
How would you describe the overall environment in Medstar Clinic (Please tick)						
Very dissatisfied 1	2 3 4	5 6	7 8	9 10	Very Satisfied	
How would you rate the service you received (Please tick)						
Very dissatisfied 1	2 3 4	5 6	7 8	9 10	Very Satisfied	
How would you rate the quality	of care provided	d by the staff who	treated you in	Medstar Clinic	? (Please circle)	
Very dissatisfied 1	2 3 4	5 6	7 8	9 10	Very Satisfied	
How likely are you to recommend our clinic to friends and family if they needed similar care or treatment?						
Extremely Likely			Unlikely			



We welcome all comments. Please write in the space below.

If you would like us to contact you about your comment, please leave your details in the space provided. Thank you

Please hand in your completed survey to a member of staff when complete

If you would like to discuss your experience in more details, please ensure that you tell a member of staff before you leave

## Details of person completing this form

Name and Surname	
Telephone Number	(if You would like us to call you)
Address	(if You would like us to write to you)
Email Address	