

FEEDBACK FORM

Name:

Was it easy to make your child's first appointment?

Yes

No

Unsure

Were you given an appointment date within a reasonable timeframe?

Yes

No

Unsure

Were you given options to make a convenient appointment to suit your schedule?

Yes

No

Unsure

Did you receive a reminder of your child's appointment via text messaging?

Yes

No

Unsure

Was the secretary you spoke with on the telephone polite and helpful?

Yes

No

Unsure

Were you given clear information regarding your child's appointment location and time?

Yes

No

Unsure



Which rooms was your appointment at?

North Adelaide

Stirling

Mount Barker



PAEDIATRIC UROLOGIST
PAEDIATRIC GENERAL SURGEON

Were the office personnel courteous and helpful?

Yes

No

Unsure

Were you seen on time for your appointment, if not, were you given a reason for the delay?

Yes

No

Unsure

Did you find Dr Bec to be professional and courteous?

Yes

No

Unsure

Did you find Dr Bec to be considerate and sensitive to your child's needs?

Yes

No

Unsure

Did Dr Bec clearly explain your child's treatment options to you?

Yes

No

Unsure

Did Dr Bec answer your questions to your satisfaction?

Yes

No

Unsure

If your child required surgery, was the surgery booking given within a reasonable timeframe?

Yes

No

Unsure



Would you be happy to recommend Dr Bec?

Highly Recommend

Probably

Maybe

Probably Not

Never

Dr. Bec

PAEDIATRIC UROLOGIST
PAEDIATRIC GENERAL SURGEON

How would you rate your experience at our clinic?

Excellent

Good

Satisfactory

Unsatisfactory

Awful

If you have any suggestions on how we can improve our services please leave us a message;

We value and welcome your feedback.

** Please forward your completed form to info@drbec.com.au **

