

Patient Questionnaire



Wedgwood House

Dear Customer

Our mission is to ensure our customers have lasting, healthier and happier smiles.

It is important that we know your views on the practice and the care we provide and to record your opinions on where we can improve. We would be grateful if you would spend a few minutes completing this form.

Thank you,

Dr Jill Geaney and her staff at the Wedgwood House Dental Practice

What type of treatment did you receive today?

- NHS
- Private
- Don't Know?

Please provide the appointment date (dd/mm/yyyy):

.....

Who did you see today?

| Name | Role | Tick (optional) |
|-------------------|------------------------------|-----------------|
| Dr Jill Geaney | Dentist and Proprietor | |
| Dr Kate Pearce | Dentist | |
| Dr Shaun McMahon | Foundation Dentist | |
| Dr Fauzia Farrukh | Foundation Dentist | |
| Gil Le Gry | Dental Hygienist | |
| Amy Greatwood | Dental Therapist & Hygienist | |
| Reception Team | | |
| Other | | |

Did you read the information about this dental practice and the services it offers in the Patient Information (reception) or on our

website www.wedgwood-house.com ? YES NO

Please **tick** here if you do **not** wish us to forward any of your survey answers on to the Care Quality Commission (CQC) standards monitoring team, NHS, or publish your comments on the Wedgwood House Dental Practice's website. (If happy to share, then leave blank).


How did we do?


 Overall, how was your experience of our service?

 **Was it?**

Please tick

| Very good | Good | Neither good nor poor | Poor | Very poor | Don't know |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|  |  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Please can you tell us why you gave your answer?

 Please tell us about anything that we could have done better?

Should you wish us to contact you directly about your feedback, please provide your details below.

Name:

Email / Address:

I confirm I am an Adult over 18 years (Yes / No):

Post your feedback form in the BLUE BOX in reception, or put it in an envelope and post through the practice's front door.