

Talk to Us...

Service feedback



Complete the form
online by scanning
this QR code 😊

Service used:		Borough:			
Where treatment was received:					
Date:					
Thinking about your recent visit please tell us about?	Great 	Good 	Not good 	Bad 	Does not apply
The time you waited to be seen					
The way our staff greeted you					
The way they listened to you					
The information you were given					
The dignity & respect received					
Your involvement with your care					
The care/treatment received					
Overall, how was your experience of our service? (please tick one box)					
Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Please can you tell us why you gave your answer?					

<input type="checkbox"/>	Please tick this box if you DO NOT wish anyone else to see your comments
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Talk to Us...

Please tell us about you:

I am: The patient Relative/carer

Gender: Male Female Other

Please tell us your age:

 Under 16 16-35 36-55 56-75 76-85 Over 85

Do you have a disability? Yes No

My ethnic origin:

Thank you for completing this form, please return it by:

- Handing to a member of staff,
- Putting in the box provided,
- Post to: **FREEPOST BRIDGEWATER**

If you have any further comments please contact Patient Services on:

Freephone 0800 587 0562

Email: bchft.patientservices@nhs.net

www.bridgewater.nhs.uk

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