**Talk to Us…**

**Service feedback form**

Please use the QR code to complete the form online.

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?** |

 Please tick this box if you DO NOT wish anyone else to see your comments

**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:

Address::

**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**](http://www.bridgewater.nhs.uk)

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