# Talk to Us...



### **Easy Read feedback form**



Please use the QR code to complete the form online. We want to make sure our services work well for everyone.



We would like your feedback about the care you have had. It's your choice if you would like to give feedback or not.

	-							
Service:			Borough:					
Where treatment was received:								
Date:								
Thinking about your recent visit			Very good	Good	Not good	Bac	Not sure	
please tell us about?								
The time you waited to be seen								
The way our staff welcomed you								
The way they listened to you								
The information you were given								
The way you were treated								
Your involvement with your care								
The care/treatment you had								
Overall, how was your experience of our service? (please tick one box)								
Very good	Good	Neithe	er good nor poo	or Po	or Ver	y poor	Don't know?	
			<u></u>	(-				
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: (please circle one of the following)							
The patient	A relative / carer						
I am: (please circle one of the following)							
A boy / male	A girl / female	Other					
I am: years old							
Thank you							

#### Thank you for completing this form.

#### What to do next:

- Please hand the form to a member of staff, or
- Put it in the box provided, or
- Post it to: FREEPOST BRIDGEWATER

If you want any more information or have anything else to say about your care, please speak to Patient Services on:

Freephone **0800 587 0562** or email: <a href="mailto:bchft.patientservices@nhs.net">bchft.patientservices@nhs.net</a>

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