

SOUTH EAST FERTILITY CLINIC



PATIENT FEEDBACK FORM

As a newly independent and privately owned healthcare provider we are committed to delivering you a high-quality and individual clinical management plan.

We are constantly seeking to improve our patient care and facilities and would like to ask for your help. If you have any comments or suggestions which will enable us to learn from your experiences we would be very grateful.

As you can imagine, each of us at the Clinic has a part to play in delivering this service to you. If any member of our staff has earned your particular appreciation, we would be very pleased to pass on your compliments and recognise their achievements.

Name (optional): Date: Time:

Comments:.....
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I would like a response: YES/NO
If YES, please note below your name, how and when you would like me to contact you?

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Thank you

Ruth Hardy
Registered Manager

Please be assured, this information remains confidential and is only reviewed by the Registered Manager, Clinic Partners and the Healthcare Commission.