

HARGREAVES STREET MEDICAL PRACTICE 454 Hargreaves Street Bendigo 3550 PH: 0354543973 Fax: 0354988857 EMAIL: reception@hargreavestmedical.com.au

Accord and availability

Access and availability							
Q1. Making an appointment and waiting to see a clinici <i>Please rate each statement</i>	an at your	last v	visit				
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
Seeing the clinician of your choice							
Getting an appointment for a time that suited you							
The time you had to wait after you arrived at the Clinic							
The amount of time spent travelling to the clinic							
Getting reminders for your appointment							
Do you have any comments you would like to make about ma	aking an ap	pointn	nent and	d waitin	g to see a c	linicia	n?
Communication and interpersonal skills	of admi	nist	rative	e Staf	f		
Q2. Your experience with reception staff at your last vis	sit						
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
Were welcoming upon your arrival							
Were professional in dealing with you							
Were courteous and polite							
Do you have any comments you would like to make about ma	aking an ap	pointr	nent and	d waitin	g to see a c	linicia	n?
Comments:							



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Communication and interpersonal skills of clinical Staff

Q3. Your experience of the interpersonal skills of the clinician at your last visit Please rate each statement							
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
Treated you with respect							
Understood your personal circumstances							
Made you feel comfortable							
Do you have any comments you would like to make about making	g an ap	pointn	nent an	d waitin	g to see a c	clinicia	n?
Comments:							
Q4. Your experience of the way clinicians communicated we Please rate each statement	ith you	ı at yo	our last	visit			
	ith you	1 at yo	our last	visit Very Good	Excellent	N/A	Don't Know
Please rate each statement	1			Very	Excellent	N/A	
Please rate each statement Statements	1			Very	Excellent	N/A	
Please rate each statement Statements Helped you understand your medical condition	1			Very	Excellent	N/A	
Please rate each statement Statements Helped you understand your medical condition Explained the purpose of tests and treatment	Poor	Fair	Good	Very Good			Know



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Provision of Information

Q5. Your experience of the information given to you by clin Please rate each statement	icians	at you	ır last v	visit			
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
The amount of useful information given about your condition				Good			Kilow
The amount of useful information given about your treatment							
Information about how to take your medicines							
Do you have any comments you would like to make about making	g an ap	pointn	nent and	d waitin	g to see a c	linicia	n?
Comments:							
Privacy and Confidentiality							
Q6. Your experience of privacy at your last visit Please rate each statement							
Statements	Poor	Fair	Good	Very	Excellent	N/A	Don't
Privacy when you were examined				Good			Know
Being able to discuss personal issues that were sensitive							
The way in which information was given to other clinicians							
Do you have any comments you would like to make about making	g an ap	pointn	nent and	d waitin	g to see a c	linicia	n?
Comments:							

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Continuity of Care

Q7. Your experience of the way your clinician worked with Please rate each statement	other l						
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't Know
Knew your medical history at the clinic							
Gave you options for specialists or other health providers you need to see							
Coordinated different healthcare professionals							
Do you have any comments you would like to make about making	g an ap	pointn	nent an	d waitin	g to see a c	linicia	n?
Comments:							
Experience over last year Q8. Thinking about your experience with the general practice. Please rate the practice on the following.	ce over	the p	ast yea	r			
*	ce over	the p	ast yea	Very	Excellent	N/A	Don't Know
Q8. Thinking about your experience with the general practice. Please rate the practice on the following	T				Excellent	N/A	Don't Know
Q8. Thinking about your experience with the general practice. Please rate the practice on the following Statements	T			Very	Excellent	N/A	
Q8. Thinking about your experience with the general practice. Please rate the practice on the following Statements Suitability of clinic opening hours	T			Very	Excellent	N/A	
Q8. Thinking about your experience with the general practice. Please rate the practice on the following Statements Suitability of clinic opening hours Being able to see a doctor at the clinic when you needed urgent care	Poor	Fair	Good	Very Good			Know



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Patient demographics

Are You?	Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?
Male Female	Yes No
Have you been to another general practice in the last year?	Which languages do you speak at home? Tick all spoken
Yes No	English
What is your age?	Arabic
15 24 Years	Cantonese
25 44 Years	Mandarin
45 64 Years	Vietnamese
65 Years or Over	Hindi
Don't wish to say	Greek
	Other