



Patient Feedback Questionnaire

So that we continue to deliver the best service possible we would be grateful if you could spare a few minutes to complete this feedback questionnaire.

All feedback, positive and negative, enable us to continually develop policies and systems that for the good of patients and staff alike. Please be as honest as possible with your answers.

All of Our Team

	Exceeded Expectations	Met Expectations	Below Expectations
Gave you a friendly and professional greeting upon arrival			
Were courteous & knowledgeable on the telephone			
Were helpful & informative			
Looked professional in appearance			
Helped you to relax			

The Quality of Our Care

	Exceeded Expectations	Met Expectations	Below Expectations
Did you feel comfortable with your dentist/hygienist?			
Did you feel involved in decisions about your treatment?			
Was the dentist/hygienist you saw confident & focused?			
Did the dentist/hygienist explain your treatment, answer your questions and listen to your concerns?			
Was the dentist/hygienist professional, smart, friendly & supportive?			
Was the Dental Nurse professional, smart, friendly & supportive?			
How did you find the explanation of fees and payment methods?			

Our Practice

	Exceeded Expectations	Met Expectations	Below Expectations
Arrange your appointment within a reasonable amount of time?			
Was the practice clean, tidy & welcoming?			
Were you seen on time?			
Is our opening hours convenient?			
Did we answer your initial call quickly?			

Please circle

How would you rate the overall quality of service you received at Kiln Lane Dental?

Excellent Very Good Good Average Poor

Would you recommend our practice to others?

Definitely would Probably Definitely would not Uncertain

Please could you provide us with any comments or suggestions you may have and remember: positive or negative feedback is vital for us to develop a more pleasant patient journey through our practice

Patient name: _____ (please leave blank if you wish to remain anonymous)

Data Protection

By completing and returning this questionnaire I consent to it being used for audit, training and marketing purposes. No names will be attached to the testimonials to protect patient confidentiality. If you have any concerns regarding completing this please contact us on 01744 25776. Please leave this in our collection box at reception or return by post to: Kiln Lane Dental, 16 Kiln Lane, ST Helens, Merseyside, WA10 6AD

Thank you for your time

If you would like this form in large print, a different language or audio then please ask