Attend Anywhere Feedback Patient Feedback Form

We'd appreciate if you could take the time to complete the feedback form enabling us to provide the best experience possible. Thank You.

* Required

1. Please enter below which service you have seen today. *

Enter your answer

2. Please enter the name of the Clinician you have seen today.

Enter your answer

3. Please enter your age.

- Under 18 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
4. What device did you use today to access your video appointment?

Enter your answer

5. Is this your first video consultation?

- Yes
- No

6. How easy to you think your video appointment was to access?

Difficult ⭐⭐⭐⭐⭐ Easy

7. Please rate the quality of service.

Poor ⭐⭐⭐⭐⭐ Excellent

8. Do you feel you received the same level care as a face to face appointment?

- Yes
- No
- Indifferent

9. Would you recommend video appointments to friends and family?
10. Please provide additional comments below.

Enter your answer

Submit

Never give out your password. Report abuse

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