



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. *

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

3. Please enter your age.

- Under 18 years
- 18 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years

55 - 64 years

Over 65 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?

- Yes
- No
- Maybe

10. Please provide additional comments below.

Enter your answer

Submit

Never give out your password. [Report abuse](#)

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