

“We take it personally”

60 SECOND FEEDBACK FORM

DOUGLASS HANLY MOIR PATHOLOGY • ABN 80 003 332 858
A subsidiary of SONIC HEALTHCARE
14 GIFFNOCK AVE • MACQUARIE PARK • NSW 2113 • AUSTRALIA
TEL (02) 98 555 222 • (02) FAX 9878 5077
MAIL ADDRESS • LOCKED BAG 145 • NORTH RYDE • NSW 1670 • AUSTRALIA

www.dhm.com.au

BARRATT & SMITH PATHOLOGY
A trading name of DOUGLASS HANLY MOIR PATHOLOGY PTY LTD • ABN 80 003 332 858
A subsidiary of SONIC HEALTHCARE LIMITED
31 LAWSON STREET • PENRITH • NSW 2750 • AUSTRALIA
TEL (02) 4734 6500 • FAX (02) 4732 2503
MAIL ADDRESS • PO BOX 443 • PENRITH • NSW 2751 • AUSTRALIA

www.bsp.com.au



DOUGLASS
HANLY MOIR
PATHOLOGY

BARRATT & SMITH
PATHOLOGY



Douglass Hanly Moir Pathology (DHM) and Barratt & Smith Pathology (BSP) pride themselves on providing a high standard of service in a caring and professional manner. Your feedback is important to us to improve the quality of service we provide.

This questionnaire has been designed for ease of use, and should only take a minute of your time.

Once you have completed the questionnaire, please place it in the attached addressed envelope (no postage required).

We thank you for your feedback.

ROOM LOCATION:

DATE OF COLLECTION:

Please select your responses:

Was this the first time in a DHMP or BSP collection centre?

If no: do you attend this collection centre regularly?

Were the collection staff professional and courteous?

Upon arrival at the rooms, were you given attention in a timely fashion?

If no: how long were you waiting?

Did the staff identify themselves to you or have a visible name badge?

Did the staff ask you to spell your name and state your date of birth?

Were you properly identified, by name?

Did staff ask you to check your personal details?

Was the procedure clearly explained to you?

If instructions were required for your specimen collection, were these clear?

Were your specimens labelled in your presence?

Were you asked to check these details?

Was the facility clean and tidy?

Were your questions and concerns addressed to your satisfaction?

Were you given clear information regarding your account?

Were you given clear information regarding "after blood collection" care?

Did the staff seem sensitive to your needs?

Would you recommend our pathology service to others?

Please rate the overall service you received today

If you have any unresolved issues or concerns that require our attention, please provide details:

CONTACT DETAILS:

Name:

Address:

Contact Phone:

Contact Email:

Doctor's Name:

Doctor's Address:

Contact details are required if you would like a response to your comments.

SUBMIT MY FORM