**Patient Feedback form**

**Patient feedback template 1 instructions:**

*What is patient feedback template 1?*

This template enables osteopaths to explores patients views about their experience of the osteopathic appointment.

This generic template can be adapted by the osteopath to ensure that the information fits the osteopath circumstances. Please check that the following sections all reflect the correct information:

* About this Questionnaire
* Questions 1 to 9
* Next steps

**Patient feedback template 1**

*Name of osteopath:*

*Date of appointment:*

***About this Questionnaire:***

*It is important to us to ensure that we continually review and enhance the experience that patients have with us. Please tell us about your experience with your osteopath. The information that you provide will be anonymous and will be used to enhance practice.*

***Questions***

1. ***How thoroughly did the osteopath ask you about why you had attended?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***Did you feel the osteopath listened to what you had to say?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***How well did the osteopath put you at ease during your physical assessment and examination?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***How well did the osteopath explain your problem?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***How well did the osteopath engage you in your consultation?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***Did you feel the osteopath demonstrated concern for your welfare?***

|  |  |  |
| --- | --- | --- |
| *Not very well* | *Fairly well* | *Very well* |

1. ***What did you like about your osteopathy appointment?***
2. ***What could make your osteopathy appointment even better?***
3. ***Do you have any other comments?***

***Next steps*** *[osteopath to adapt as appropriate]*

***Returning the questionnaire:*** *Please return this questionnaire to the feedback box in reception. (This feedback box is emptied weekly). [Adapt as appropriate]*

**Further information:** *If you have any questions about completing this form, please contact:*