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| **Sleep Medicine**  Dr Antonio Ambrogetti, Dr Tun Myat, Dr Shyamala Pradeepan Warners Bay Private Hospital and Maitland Private Hospital |  |

Dear Colleague

Referrer Satisfaction Survey

We would like to hear about your recent referral for a diagnostic in patient study with us in order to improve our service and comply with accreditation requirements.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility | Month: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Warners Bay Private Hospital  Maitland Private Hospital | | May- July |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |

# How satisfied were you with the promptness/time taken to perform the study?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment/suggest

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# How satisfied were you with the information you received regarding the results?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment/suggest

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|  |

## **3. How satisfied were you with the time it took to receive the results?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment/suggest

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|  |

## **4. How satisfied were you with the helpfulness and knowledge of the staff (if applicable)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfied |  | Somewhat satisfied |  | Satisfied |  | Very satisfied |

## Please comment/suggest

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## **5. Would you recommend Sleep Medicine to others?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  |  |

## Please comment/suggest

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**6. How did you hear about us?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Colleague |  | Healthshare |  | Newsletter/Mailout |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**We would love to hear any additional comments you have regarding your experience:**

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**If you are happy for a staff member to call or write to you, regarding your valued comments please write your name and preferred contact details in the box below: (optional)**

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**Thank you very much for your comments and feedback ☺**