

Patient Feedback

What do you think?

To ensure that this Program best meets your needs and the needs of other patients who may be referred, we would appreciate your comments and feedback about the whole process from GP to counsellor.

Completing this survey is voluntary and all responses are confidential. Survey results are used to improve the services we provide and we value your opinion. Please complete the survey, seal in the envelope provided.

Thank you for your time.

Please tick the most appropriate response:

General Practice service	YES	NO
1. I was satisfied that my confidentiality and privacy was ensured at all times.		
2. The referral from my General Practitioner (GP) to the counsellor was easy.		
3. My GP discussed the referral process with me, including consent issues.		
4. I was satisfied with the service I received from my GP in relation to this referral?		
Comments about General Practice service		

Mental Health Clinician Service	YES	NO															
5. I was satisfied that my confidentiality and privacy was ensured at all times.																	
6. I found it easy to make an appointment with my counsellor.																	
7. I have a better understanding of my mental health condition now as a result of undertaking counselling.																	
8. I feel better able to participate in the management of my mental health condition since undertaking counselling.																	
9. The information I received from my counsellor was useful in helping me deal with my issues.																	
10. How would you rate the service you received from your counsellor:																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="5" style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Very Poor</td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>			1	2	3	4	5	_____					Very Poor	Poor	Good	Very Good	Excellent
1	2	3	4	5													

Very Poor	Poor	Good	Very Good	Excellent													
Comments about my Mental Health Clinician and the treatment I have received																	

11. I have undertaken counselling in the past.

Yes No

12. If you had not been referred through this Program, would you have sought treatment for your mental health condition?

Yes No

13. What would be the primary reason for **NOT** seeking assistance?

- I think it would cost too much
- I am concerned about what other people would think.
- I did not know about other services
- I don't think my condition is bad enough.
- Other (please specify)

14. What are the 3 of the best things about this Program?

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15. What are the 3 things you would suggest to improve the Program?

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Thank you for your time.

Please place the completed survey in the return envelope provided and post.