

## 1. How did you find booking an appointment with us? *(please tick)*

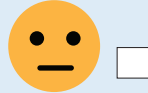
Excellent



Good



Okay



Difficult



If you found it hard to book an appointment with us, tell us what made it hard, and how we can make it easier next time?

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## 2. Did we help you with any needs you have, or support you require? *(please tick)*

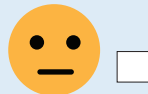
Yes



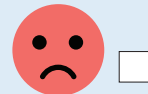
Mostly



Partly



No



If we can do anything to help you in the future please tell us how?

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## 3. How did you find the physical access of our clinic? *(please tick)*

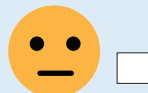
Easy



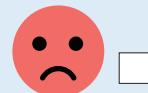
Somewhat Easy



Somewhat Difficult



Difficult



If you found it hard to book an appointment with us, tell us what made it hard, and how we can make it easier next time?

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# Accessibility Feedback Form *(continued)*



**4. Tell us what you liked about coming to our health service?**

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**5. Is there anything we could do that would make you want to keep coming back to see us?**

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**6. If you would like discuss any issues you have please provide your contact details.**

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