







Date:.....






Thank you for visiting Hollyns Health & Wellbeing today.

Thinking about your recent appointment at the practice, overall, how was your experience of our service?

 Very good	 Good	 Neither good nor poor	 Poor	 Very poor	 Don't know

Please can you tell us why you gave your answer?

Please tell us about anything that we could have done better?

How do you feel about the following...	Great 	Good 	Not Good 	Bad 	Does not apply 
The time you waited for an appointment					
The way our staff welcomed you					
The way clinical staff listened to you					
The way you were treated					
Your time with us today					

Thank you for taking the time to fill this form in.