

Patient satisfaction questionnaire

At Hywel Samuel Golate and Loudoun Square we want to provide you with the best possible care and meet your needs. Your views on our practice and the care you received will help us to ensure that we continue to offer a good service and that you will want to continue as a patient at our practice. We also want to know how you think we can improve.

Please spend a few minutes completing this questionnaire before posting it in the suggestions box at reception or email to patientcare@hywelsamuel.co.uk

How did you hear about the practice?

Advertisement

Passing the door

Recommendation

Internet search

Practice leaflet

Practice website

Other – please state

Practice personnel

Dentists	Yes	No
Was your dentist friendly and welcoming?		
Did your dentist ask you about your reasons for coming to the practice?		
Did your dentist ask how you feel you about your teeth and the previous treatments that you received?		
Were you encouraged to ask questions? Did you receive satisfactory answers?		
If you needed treatment, were your options explained to you fully?		
Were the advantages and disadvantages of each option explained fully?		
Were costs of each option explained?		
Did you receive a written treatment plan and an indication of the costs?		
Any other comments you wish to make:		

Dental hygienists	Yes	No
Was the hygienist friendly and welcoming?		
Did the hygienist explain why you were seeing them and what they were going to do?		
Did the hygienist give you advice on how you can improve the health of your gums – by more efficient cleaning or dietary changes, for example?		
Were you encouraged to ask questions? Did you receive satisfactory answers?		
Any other comments you wish to make:		

Dental nurses and receptionists	Yes	No
Was the receptionist welcoming when you arrived at the practice		
Were the nurses and receptionists friendly and caring?		
Did they provide you with sufficient information to help you at your first visit? Did you find them well-informed?		
Any other comments you wish to make:		

What do you like about the practice?

What do you not like about the practice?

Would you recommend the practice to others? Yes No

Please tell us why

Date 09/08/2021

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