



WE VALUE YOUR FEEDBACK

St Andrew's Hospital is committed to providing you with the best possible care. Please tell us how well we are caring for you and/or your relative /friend by completing the form below and placing it in the box at reception. Your feedback is valuable and helps us to improve our service. We would like to take this opportunity to thank you for taking the time to provide us with your feedback. All comments are reviewed and recorded.

YOUR COMMENTS

Ward/Department: _____

What were the positive aspects of your stay? _____

What could we do better? _____

Did you feel well informed about your health care? _____

Were you made aware of your 'Rights & Responsibilities'? YES NO

How were you made aware of your Rights and Responsibilities?

✓ **Read it in the Patient Admission Information booklet.** YES NO

✓ **Given & read the Australian Charter of Healthcare Rights Brochure.** YES NO

✓ **Read it in the Patient Information Directory (located in bedside locker)** YES NO

Any other comments? _____

(General comments can be continued over the page)

Name _____ Signature _____

Address _____

Telephone Number _____ Date _____

**Would you consider becoming involved in a consumer forum at St Andrew's Hospital?
 This would involve meeting with key personnel at St Andrew's for approximately 2-3 hours**

Yes

No

