

Fertility Solutions Feedback Form

We appreciate the time you are about to take in sharing your experience and thoughts with us. Please be assured we take all feedback serious as it provides us with valuable information and insights for the continual improvement of our system, processes, and our behaviours.

This text fillable form may assist you in writing down your feedback. A response will be provided within 10 business days of being received. Please return your feedback form to the Patient Liaison - patient.liaison@fssc.com.au

Given Name:		
Surname:		
Are you known by another name:		
Date of Birth:		
Preferred Method of Contact: Post: Telephone: Email:		
Postal Address:		
Suburb:	State:	Postcode:
Mobile:	Email:	

In this section you will be rating our service delivery across the different departments. This data is necessary for us to assess, measure and improve on our service delivery in the future. Please tick in the boxes allocated and rate us on a scoring scale of between 1 to 7.

1. General:

a. Location: Buderim Bundaberg

b. How did you hear about us:

Billboard GP Word of Mouth Online/Website

Specialist: Other:

c. Please rate the cleanliness of the facility:

1 2 3 4 5 6 7

Less than Acceptable

Acceptable

Highly Acceptable

d. On average, how long you were waiting in a consult room before your appointment:

<5mins 5-10mins 10-15mins 15-20mins 20-30mins >30mins

2. Administration Staff:

a. How would you rate our telephone booking service?
1 2 3 4 5 6 7

Less than Acceptable Acceptable Highly Acceptable

b. How satisfied were you with the friendliness of our reception staff?
1 2 3 4 5 6 7

Dissatisfied Satisfied Highly Satisfied

c. How well explained were clinic costs and paperwork to you?
1 2 3 4 5 6 7

Less than Acceptable Acceptable Highly Acceptable

3. Nursing Staff:

a. How would rate the Nurses ability to respond to your needs (by email/phone)?
1 2 3 4 5 6 7

Less than Acceptable Acceptable Highly Acceptable

b. How satisfied were you with the cycle information being explained by our Nurses?
1 2 3 4 5 6 7

Dissatisfied Satisfied Highly Satisfied

c. Do you feel that your Nurse kept you up to date during your treatment?
1 2 3 4 5 6 7

Disagree Agree Strongly Agree

4. Scientific Staff:

a. How did you find the collection room?
1 2 3 4 5 6 7

Less than Acceptable Acceptable Highly Acceptable

b. Do you feel that the Scientists kept you up to date during your treatment?
1 2 3 4 5 6 7

Disagree Agree Strongly Agree

c. Do you feel that the information provided by the Scientist was?
1 2 3 4 5 6 7

Less than Acceptable Acceptable Highly Acceptable

In this section we are focused on listening and responding to your feedback.

What is the nature of your feedback?

Compliment Suggestion for Improvement Complaint

Where is your feedback focused on?

Sunshine Coast Clinic Bundaberg Clinic
Administration Nursing Scientists Specialist Counsellor

Your Feedback?

If you have any feedback to offer, please provide us with as much detail as possible regarding your feedback and experience. (e.g. Date, nature of the feedback, those involved and your suggestions to improve).

If there was one thing that you could offer Fertility Solutions in improving its service delivery to patients in the future, what would it be?

Thank you for taking the time to provide us with your feedback.