

Client feedback – a lynchpin in the quality cycle

Dear valued Client,

We would greatly appreciate receiving your feedback on your experience with our practice. This will help us to provide the best quality physiotherapy care. As part of our commitment to safe and high quality health care, we welcome feedback from clients to help us identify areas where we can improve our services to better meet your needs. Your feedback is voluntary, confidential and anonymous.

Our practice is currently undergoing accreditation by Quality in Practice Pty Ltd (QIP). Accreditation is a voluntary process which acknowledges that a physiotherapy practice has met standards set by the Australian Physiotherapy Association. *QIP Accreditation* means that you are receiving physiotherapy care in a practice committed to safe, high quality health care.

<p style="text-align: center;">How would you rate your experience with our Practice?</p> <p style="text-align: center;"><i>Please circle the number which best corresponds to your level of satisfaction with each of the statements below: For example, if you were very highly satisfied, circle 6. If you were not at all satisfied, circle 1.</i></p>								
		Unsatisfactory	Satisfactory	Above expected	N/A			
Part 1: Respect & Privacy: These questions relate to the level of respect and privacy shown to you								
1	The level of respect shown to me by my physiotherapist and other practice staff was..	1	2	3	4	5	6	N/A
2	The level of privacy available to me was...	1	2	3	4	5	6	N/A
Part 2: Informed Consent: These questions relate to the information provided to you by our practice.								
3	The information I received about treatment options for my condition was...	1	2	3	4	5	6	N/A
4	The information I received about my right to refuse a particular treatment was...	1	2	3	4	5	6	N/A
5	The information I received about my right to obtain a second opinion was...	1	2	3	4	5	6	N/A
6	The information provided to me about the practice's fees and services was ...	1	2	3	4	5	6	N/A
7	The information I received about my right to provide feedback or make a complaint was...	1	2	3	4	5	6	N/A
8	Overall, the information I received about the recommended physiotherapy treatment, including any potential risks and the likely benefits of the treatment, was...	1	2	3	4	5	6	N/A
Part 3: General: These questions relate to the overall service provided by our practice.								
11	The information I received about the practice services, location and opening hours was...	1	2	3	4	5	6	N/A
12	The care provided by the practice to suit my cultural needs was...	1	2	3	4	5	6	N/A
13	The physiotherapist's promptness for my appointment was...	1	2	3	4	5	6	N/A
14	The information I received about ways I can manage my own health and wellbeing was...	1	2	3	4	5	6	N/A
15	My involvement in setting goals and making decisions for my treatment was...	1	2	3	4	5	6	N/A
17	Payment options available were ...	1	2	3	4	5	6	N/A
	The overall practice environment and facilities are...	1	2	3	4	5	6	N/A
Part 4: Physiotherapy Outcomes - This question relates to the results of your physiotherapy program.								
18	The overall outcome of the health care provided by the practice for my condition was...	1	2	3	4	5	6	N/A

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Part 5: Other questions:

19	Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female
20	What is your age range? <input type="checkbox"/> 0 - 18 <input type="checkbox"/> 19 - 35 <input type="checkbox"/> 36 - 55 <input type="checkbox"/> 56 - 75 <input type="checkbox"/> 75 +
21	How long have you attended this practice? <input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> Over 10 years
22	The physiotherapist I usually see when I visit this practice is: _____
Are there any other comments you would like to make about our practice, physiotherapists and staff?	

Thank you for your input.

Please fold and return this form to the person who gave it to you or place it in the box provided.