

ST KYROLLOS FAMILY CLINIC

DR. ASHRAF SADDIK
PN. 65028KB
www.stkyrollosclinic.com.au
drsaddik@stkyrollosclinic.com.au

2A Moore Street, Coburg VIC 3058
Tel (03) 9386 0900 Fax (03) 9386 5388
ASHRAF SADDIK PTY. LTD. ACN 060 815 401
ABN 20 060 815 401

PLEASE TELL US WHAT YOU THINK

This survey is to find out what you think about the circumcision procedures performed in this clinic. The results will be used to improve our service.

The survey has a number of questions about the clinic and its staff. Please circle your response to each question. This is an anonymous survey.

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| 1. Are you happy with length of time spent at the practice? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 2. Was the time appropriate for pre-op and post-operative? | Strongly /Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 3. The visit to this practice was satisfying to your needs. | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 4. Standard of care were to your expectations. | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 5. Are you satisfied with service and procedure your child Underwent? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 6. Were staff helpful, caring and their attitude was Supportive and looked after your child? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 7. Doctor respects your cultural and personal beliefs? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 8. Doctors examinations/operative skills is thorough And to your expectations? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 9. Doctor spent thorough time, answered and explained Your questions? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 10. Information sheet and consent letter were helpful? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 11. The procedure was a successful event with no Complications? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 12. Does the billing policy suit you? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |
| 13. Were you happy with the treatment room facilities? | Strongly/Agree/Not sure/Disagree/Strongly
Agree Disagree |

FURTHER COMMENTS:

If you feel you would like to put your name, it would remain strictly confidential and only used for improving our services.

NAME (OPTIONAL): _____ **TEL:** _____