CONSUMER FEEDBACK FORM

Person Providing Feedback

We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous. In these cases, an investigation will not be conducted and this information will be used as constructive feedback only.

Title: Mr Mrs Miss Master Ms

First Name:.....

Surname: .....

Address:.....

.....**Postcode:**.....

Phone: .....**Mobile:**.....

Email:.....

Primary Language:.....

Interpreter Required: Yes / No

Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes / No

What is your relationship to the Consumer?

Child ☐ Friend ☐

Parent ☐ Sibling ☐

Self ☐ Spouse ☐

Other: ☐

Please specify……

Consumer

(Please complete only if different from the person providing feedback details).

Title: Mr Mrs Miss Master Ms

First Name: .....

Surname: .....

Address:.....

.....**Postcode:**.....

Phone: .....**Mobile:**.....

Email: .....

Date of Birth: .....

Primary Language:.....

Interpreter Required: Yes / No

Please indicate if you would be interested in attending an informal meeting with an interpreter present and we will be happy to arrange this. Yes / No

The name of the treating health professional(s):

.....

Which Clinic Provided the Service

Dr Nader Awad ☐

A/Prof. Prem Rashid ☐

Dr Christopher Chee ☐

Please provide details of your feedback including dates, times, location and outcomes. (If more space is required, please add pages).

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Please advise how you would like us to respond to your feedback:

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Signature of Consumer: _____ **Date:** _____ / _____ / _____

Signature of Person Providing Feedback: _____ **Date:** _____ / _____ / _____

Upon receipt of your feedback, you will receive an acknowledgement. Could you please ensure that all of your contact numbers and address details are completed.

Please return the completed form to the relevant site *Practice Manager, relevant Urologist by mail:*

Urology Centre,
3 Highfields Circuit
Port Macquarie NSW 2444

Thank you for taking the time to provide us with your valued feedback.
Please note that feedback may also be provided by completing the online form available on the Urology Centre website http://www.urologycentre.net.au/

Thank you for helping us improve your care.