

Patient Feedback Form

London Lauriston Clinic aims to provide the very highest standard of care for our patients. If your experience at the clinic wasn't as expected, we want to know what we could have done differently. You may have some suggestions or ideas that you want to share with us, or a compliment about the care that you received. We welcome all feedback that helps us to improve our services and provide the highest standards of care and treatment.

If this patient feedback form is not satisfactory for your comments, you can email your views to info@LLClinics.co.uk, or you can speak to a member of staff at the clinic.

1. What was the purpose of your visit to the clinic?

Consultation Tests Procedure

2. How would you rate the ease of booking your appointment?

Excellent Good Average Poor Very Poor Not Applicable

3. How would you rate the facilities?

Excellent Good Average Poor Very Poor Not Applicable

4. How would you rate the comfort of the waiting area?

Excellent Good Average Poor Very Poor Not Applicable

5. How would you rate the overall cleanliness of the clinic?

Excellent Good Average Poor Very Poor Not Applicable

6. How would you rate your consultation and the explanations provided?

Excellent Good Average Poor Very Poor Not Applicable

7. How would you rate your procedure and the explanations provided?

Excellent Good Average Poor Very Poor Not Applicable

8. How would you rate the level of dignity and respect that you received?

Excellent Good Average Poor Very Poor Not Applicable

9. How would you rate the professionalism and competence of the receptionists/admin staff?

Excellent Good Average Poor Very Poor Not Applicable

10. How would you rate the professionalism and competence of the clinical team? (nurses, HCAs, ophthalmic technicians)

Excellent Good Average Poor Very Poor Not Applicable

11. How would you rate the professionalism and competence of the consultants?

Excellent Good Average Poor Very Poor Not Applicable

12. How would you rate the professionalism and competence of the pharmacist?

Excellent Good Average Poor Very Poor Not Applicable

13. How would you rate the billing process of the clinic?

Excellent Good Average Poor Very Poor Not Applicable

14. How would you rate the overall experience of visiting London Lauriston Clinic?

Excellent Good Average Poor Very Poor Not Applicable

We will ensure that your feedback is dealt with in the strictest of confidence. If you would like us to reply to your feedback, please add your contact details below:

Full name, address, email, telephone:

Date of appointment:

If you have any further comments or suggestions, or if you wish to express a concern or to make a complaint, please do so in this comment section below:

Comments:

Thank you for completing this patient feedback form.
All responses are monitored, and any adverse comments are investigated.