

## Patient feedback form (YourOsteopath)

Name of treating Osteopath: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name (optional) \_\_\_\_\_

Comments: please feel free to tell us what you think about your visit today

As part of our quality assessment we need to assess how you were treated by YourOsteopath today: Please think about your consultation with YourOsteopath and circle the appropriate level of performance against the questions overleaf.

*Continue to page 2*

**On a scale of 1 to 10 with 1 being worst and 10 being the best score:**

1. How thoroughly did YourOsteopath ask you about why you had attended?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. Did you feel YourOsteopath listened to what you had to say?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3. How well did YourOsteopath put you at ease during your physical assessment and examination?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

4. How well did YourOsteopath explain your problem, the diagnosis and how long they expect it will take to improve?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

5. How well did YourOsteopath discuss your treatment options and explain the benefits or risks of the treatment plan?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

6. Did you feel YourOsteopath demonstrated concern for your welfare?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Please return to [reception@yourosteopath.co.uk](mailto:reception@yourosteopath.co.uk) Thank you!