

# NORTHLAND PSYCHIATRY

## FEEDBACK FORM

We really value your feedback - it helps us to keep improving! Please be sure that your comments will not affect the quality of care you receive, and that you will not be under any obligation to discuss further if you'd prefer not to.

Your name (leave blank if preferred)	
Clinician	
Overall, how has your experience been?	Terrible      Not good      OK      Pretty good      Great
What was good?	
What was not so good?	
Can you suggest any ways we can improve?	
How likely would you be to recommend us or speak positively about your experience with Northland Psychiatry?	No way      Unlikely      Maybe      Probably      Definitely
May we discuss with you?	Yes      No
Other feedback	

Thank you very much for taking the time. We appreciate it!