

Patient Feedback Form

Mayfair Children's 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 admin@mcc.london 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)**
☐ 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 billing process of the clinic?**
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor ☐ Not Applicable
13. **How would you rate the overall experience of visiting Mayfair Children's 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.