

# Patient feedback: New Milton Health Centre

The questions below are extremely helpful to us to try and provide the best possible service.

These questions can also be completed online at [www.leavemyfeedback.com/4565](http://www.leavemyfeedback.com/4565)

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## Question 1.

We would like you to think about your recent experiences of our service. How likely are you to recommend our GP Practice to friends and family if they need similar care or treatment?

Extremely likely  Likely  Neither likely nor unlikely  Unlikely  Extremely unlikely  Don't know

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## Question 2.

Gender?

Male  Female

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## Question 3.

Age group?

0 - 15  16 - 24  25 - 34  35 - 44  45 - 54  55 - 64  65 - 74  75 - 84  85+

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## Question 4.

If we could change one thing about your care or treatment to improve your experience, what would it be?

Please tick this box if you **DO NOT** wish your anonymous comments to be made public:

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Thank you very much for taking the time to complete this feedback. Please hand this in to a member of staff.