

Talk to us...

Bridgewater Healthcare at the heart of your community

Feedback form – Children and young people

Please tell us about your time with us today

Service name:

New Born Hearing Screening

Place you were seen:

Halton

If a friend needed the same kind of help as you, do you think they should come here? Please tick

Always	Sometimes	Maybe	No	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything we could do to make it better for you next time?

How do you feel about the following...	Great 	Good 	Not good 	Bad 	Does not apply
The time you waited to be seen					
The way our staff welcomed you					
The way they listened to you					
The information you were given (leaflets or told)					
The way you were treated					
The way your questions were answered					
Your time with us today					

About you

I am years old

I am a: Girl Boy
Parent Representative

I see myself as: White
Black or Black British
Asian or Asian British
Mixed
Other

I am disabled? Yes No

Thank you



What to do next

Please complete this form and return by

- Handing to a member of staff,
- Putting it in the box provided or
- Post to: Freepost plus RSEE-JGKL-ZTKE, Patient Services, Bridgewater Community Healthcare, 17 Beecham Court, Wigan WN3 6PR

If you have any further comments please contact Patient Services on:

Freephone 0800 587 0562
or email: patient.services@bridgewater.nhs.uk

Thank you for talking to us