

Talk to us...

Bridgewater
Healthcare at the heart
of your community

Children & Young People's Feedback Form

Service used:

Place where treatment was received:

Date:

Borough:

We would like you to think about your time with us.

If a friend needed the same kind of care or help as you, do you think they should come here? (Please tick one box)

Always	Sometimes	Maybe	No	Never	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please can you tell us why?

Please tick this box if you DO NOT wish anyone else to see your comments

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

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