

### Outpatient Therapy Services Questionnaire

Cario Nightingale Hospital's mission is to provide a consistently high level of psychiatric clinical care in a safe and nurturing environment. We would be very grateful if you could take a few minutes to complete this questionnaire to help continuously improve the care we provide to our patients. Thank you.

#### Patient Information

Male/Female

Age .....

Occupation .....

Postcode .....

GP Practice .....

#### Please give your opinions of the referral procedure:

	Excellent	Good	Fair	Poor
Efficiency of your referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeting on your first arrival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting room comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial assessment and Therapy Management Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The efficiency of processing with your financial arrangements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you suggest any improvements to the referral procedure you experienced?

#### Please give your opinion of the treatment environment:

	Excellent	Good	Fair	Poor
Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Décor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of finding your way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of non-clinical staff e.g. reception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you suggest any improvements to the treatment environment?

**Please complete and return to Receptionist**

**Please give your opinion of the care and treatment you received at Capio Nightingale Hospital:**

	Excellent	Good	Fair	Poor
The care and treatment you received from your therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of trust and confidence you had in your therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of respect and dignity with which you were treated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The response to any questions you had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level of safety you felt during your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your involvement in decisions about treatment & Therapy Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The explanation of the content of your Therapy Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your understanding of your Therapy Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The level and opportunity of family involvement in your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
Have you been given (or offered) a written/printed copy of your Therapy Treatment Plan?	<input type="radio"/>	<input type="radio"/>
Are you happy that everything that was done during your treatment was for your benefit?	<input type="radio"/>	<input type="radio"/>
Do you feel you were treated like an individual?	<input type="radio"/>	<input type="radio"/>
Would you recommend that your family or friends seek care here in the future if required?	<input type="radio"/>	<input type="radio"/>

Is there anything that could be improved regarding the care you received?

**Please give your opinion of the outcomes of your treatment:**

	Yes	No
Has there been a positive effect from having Therapy?	<input type="radio"/>	<input type="radio"/>
Do you feel you addressed the key issues that brought you to Capio Nightingale Hospital?	<input type="radio"/>	<input type="radio"/>
Did Capio Nightingale Hospital's care address your wellbeing in a holistic manner?	<input type="radio"/>	<input type="radio"/>

Is there anything that you would particularly like to comment on regarding the outcome of your treatment?

**Please complete and return to Receptionist**