

PRACTICE
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GP Friends and Family Feedback Card



North Tyneside
Clinical Commissioning Group

How likely are you to recommend our GP practice to friends and family if they need similar care?

- Extremely Likely Likely Extremely Unlikely
 Neither Likely nor Unlikely Unlikely Don't Know

Do you wish to leave a comment regarding your response to the above question?

Who did you visit today?

- GP Nurse HCA Phlebotomist
 Midwife Health Visitor Other (please name below)

Are you

- Male Female

What is your age range?

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

What is your ethnic group?

- Mixed/Multiple ethnic groups Asian/Asian British White
 Black/African/Caribbean/Black British Other ethnic group

Tick this box if you do not wish your comments to be made public

GP Friends and Family Feedback Card

How likely are you to recommend our GP practice to friends and family if they need similar care?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Extremely Likely | <input type="checkbox"/> Likely | <input type="checkbox"/> Extremely Unlikely |
| <input type="checkbox"/> Neither Likely nor Unlikely | <input type="checkbox"/> Unlikely | <input type="checkbox"/> Don't Know |

Do you wish to leave a comment regarding your response to the above question?

Who did you visit today?

- | | | | |
|----------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> GP | <input type="checkbox"/> Nurse | <input type="checkbox"/> HCA | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Health Visitor | <input type="checkbox"/> Other (please name below) | |

Are you

- Male Female

What is your age range?

- | | | | | |
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| <input type="checkbox"/> 0-15 | <input type="checkbox"/> 16-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 45-54 |
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What is your ethnic group?

- | | |
|--|--|
| <input type="checkbox"/> Mixed/Multiple ethnic groups | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African/Caribbean/Black British | <input type="checkbox"/> Asian/Asian British |
| <input type="checkbox"/> Other ethnic group | |

Tick this box if you do not wish your comments to be made public

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