

Patient feedback: The Corner Surgery

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/399210

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

Question 2.

Can you tell us why you gave that response?

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

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