

Form 5b – Patient feedback form

For GPs seeking accreditation as GPwER in Musculoskeletal Medicine with the Faculty of Sport and Exercise Medicine UK

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| I was happy with how quickly I was seen on the day of my appointment |  |  |  |  |  |
| The doctor treated me with respect and dignity |  |  |  |  |  |
| I was listened to |  |  |  |  |  |
| I understood what was being discussed |  |  |  |  |  |
| I was given the opportunity to ask questions |  |  |  |  |  |
| I was satisfied with the explanation given to me about my condition |  |  |  |  |  |
| I was offered additional information about my condition (patient information leaflet, and/or directed to patient support groups) |  |  |  |  |  |
| I was fully involved in decisions about the management of my skin condition |  |  |  |  |  |
| Overall, I was impressed |  |  |  |  |  |
| I would recommend the doctor to family and friends |  |  |  |  |  |

**Comments about your appointment today**

Please comment below about anything that was particularly good, and anything that could be improved.