

**PLEASE TELL US HOW WE CAN
BETTER CARE FOR YOU**

Our Charter at Bentley Health Service is to:

- be responsible to you, recognising you as an individual with particular health-care needs, respecting your dignity, culture, religious beliefs and right to privacy.
- provide services which are timely, responsible and appropriate to your needs.
- look after you by valuing excellence in the delivery of health services, striving to improve what we do and how we do it.
- value your participation in assisting us to ensure that your health needs are met.
- look after you with all due care, skill and courtesy.

What is your preferred language?

.....

Should you require any further assistance or wish to register a compliment, complaint or concern

Contact BHS on:

Phone: 08 9334 3659

Fax: 08 9334 3691

Email: iolanta.clarke@health.wa.gov.au

Have we recognised your individual health care needs in respect to:

Religion Yes No

Dignity Yes No

Right to privacy Yes No

Disability Yes No

Have our services been:

Timely Yes No

Responsive Yes No

Met your needs Yes No

Are you aware that information is available on:

Your rights as a client Yes No

Complaint Service Yes No

Was your Management plan discussed with you by staff prior to treatment commencing?

Yes No

(CommentsSee Below)

Did you see more than one discipline?

Yes No

If yes, was this coordinated to your satisfaction?

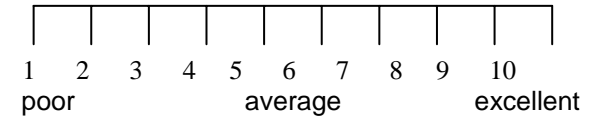
Yes No

Comments:

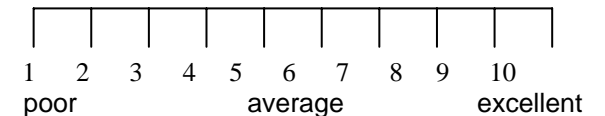
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How would you rate our quality of:

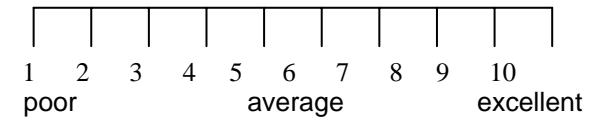
Staff skills in service delivery



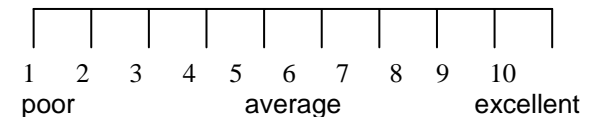
Staff friendliness



Staff respect shown to you as a person



Staff communication

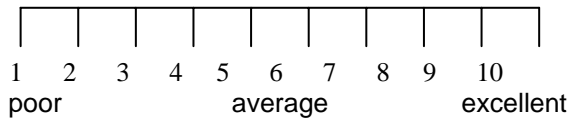


Where did you receive your service?

- Child Development Centre
- Community Health Centre
- Child Health Clinic
- Outpatient Clinic
- School
- Other/Don't know

Date:.....

How would you rate the service received at the centre?



OPTIONAL

I would like a reply to my feedback:

- Phone Call Written Response
 Interview Email Fax

I would like to be contacted by a Community Advisory Council Representative to further discuss the service I have received

- Yes No

Name:

Address:

.....P/Code

Telephone: Work:

Home:

All feedback will remain "Strictly Confidential "
When completed please hand to reception or post to the address on the back.
(Reviewed May05)

Coordinator Service & Quality Improvement
 Bentley Health Service
 PO Box 158
 BENTLEY WA 6982



BENTLEY
 Community Health
 Service

Committed to Quality Care
You are our NUMBER ONE priority

**HOW
 CAN
 WE
 IMPROVE
 OUR
 CARE/SERVICE
 FOR
 YOU?**



Department of Health
Government of Western Australia