Multisource feedback assessment form **(Patient)**

Australian Medical Council Limited

Government of Western Australia Department of Health

Doctor's information

Doctor's Name		Gender I am	☐ Male ☐ Female
Date of Visit		Current Position	

Today's visit was mainly for ☐ A new problem ☐ An onoing problem ☐ Completion of forms ☐ Routine checkup ☐ Other:

Please think back to all your previous visits to the doctor named above, and answer the following questions.Please mark (0) 'Unable to assess' if you are unable to answer an item. Your own repliues are confidential. Repliesby mulitple patients will be compiled before feedback is given to the doctor. Please mark (√) with an ink pen.

This doctor:		Unable to assess	I strongly disagree	I disagree	Neutral	I agree	I strongly agree
1.	I am treated with respect.	0	1	2	3	4	5
2.	The doctor shows interest in my health problems.	0	1	2	3	4	5
3.	The doctor listens to me.	0	1	2	3	4	5
4.	I understand what this doctor is telling me.	0	1	2	3	4	5
5.	This doctor discusses treatment options with me.	0	1	2	3	4	5
6.	I can ask the doctor questions and get answers.	0	1	2	3	4	5
7.	When this doctor does an examintion, I know what is going to be done and why.	0	1	2	3	4	5
8.	The doctor deals with my problems carefully.	0	1	2	3	4	5
9.	This doctor's office has a system for me to receive care after office hours.	0	1	2	3	4	5
10.	When I need reports, files or letters, this doctor provides them in a timely manner.	0	1	2	3	4	5
11.	I am given information about preventative care. (for example, quitting smoking, blood pressure control, weight control, sleeping, alcohol, nutrition and exercise).	0	1	2	3	4	5
12.	I believe this doctor is knowledgeable and skilled in providing proper care.	0	1	2	3	4	5
13.	I would send a friend or family member to this doctor.	0	1	2	3	4	5

Global Rating An overall rating of the doctor's performance and professionalism in all areas.

Below expected level			At expected level			Above expected level		
1	2	3	4	5	6	7	8	9

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Comments

Signature of patient:

Date: / /