




# Telehealth feedback form

**Our aim is provide the best possible service to our community. We know that sometimes we may not meet your expectations. To help us better meet your needs, we ask our clients and families to let us know how you found our Telehealth videoconference service.**

Community: \_\_\_\_\_ Date: \_\_\_\_\_ Appointment details: \_\_\_\_\_

Please tick	Yes 	Not sure 	No 	Comment
Did they give you a <b>booklet</b> explaining what a Telehealth videoconference appointment was?				
Were you given enough information before your Telehealth videoconference appointment such as where to go and at what time?				
Did you feel that you were treated with courtesy and respect during your appointment?				
Did you understand what the doctor said to you in your Telehealth videoconference consultation?				
Did you have the opportunity to ask questions during your consultation?				
Were you happy with the way your appointment was provided?				
Would you be happy to have your appointment this way again?				
Please tick or circle:  <b>Your age:</b> Under 2 years old   3-5 years   6-10 years   11-15 years   16-20 years   21-40 years   41-59 years   Over 60 years <b>Are you:</b> Male / Female <b>Are you:</b> Aboriginal   Torres Strait Islander   both Aboriginal and Torres Strait Islander   Non Indigenous				

**Do you have any compliments or suggestions to improve our service to you and your family?**

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**Thank you for providing us with your feedback.**

**Telehealth Coordinator**