

OAKWOOD MEDICAL CENTRE

Please tell us about anything that we could have done better.

If you would like us to contact you please include your details here:

Equality and Diversity data (Internal Use only)

We would like to know more about you for our own analysis so we can ensure that we are helping our local population – we won't share this information with anyone else.

Please tick the relevant boxes;

Male	Female
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16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 70	70+

Age Group :

Thank you for your Feedback – please return this form to reception or post in the comments box

OAKWOOD MEDICAL CENTRE

Friends and Family Test

Thank you for visiting us today.

We value your feedback and would like you to think about your experience using our services.

Thinking about your recent visit overall, how was your experience of our service?

Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know

Your response to this question will contribute to our Family & Friends Test score which is shared with the public on our website, in our practice newsletter and on the noticeboards and patient screen in the waiting room

Please could you tell us why you gave your answer?

I do not wish this second response to be included in any publications or reports (please tick)

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