



**1. How Did you find out about Us?**

- Google
- Another Search Engine
- Word of Mouth
- GP
- Optometrist
- Yellow Pages
- I'm a long-term patient and can't recall
- Other (Please Specify)

**2. If you phoned for an appointment was your wait on hold...**

- No wait
- Not Long at all
- Moderately Long
- Extremely Long
- N/A

Comments

**3. If you phoned for an appointment how eager were we to accommodate you?**

- Extremely Eager
- Very eager
- Moderately Eager
- Not at all Eager
- N/A

Comments



**4. When you arrived for your appointment, how did we greet you?**

- Extremely Positively
- Very Positively
- Moderately Positive
- Not at all Positive

Comments

**5. How was our waiting room?**

**6.**

- Extremely Comfortable
- Very Comfortable
- Moderately Comfortable
- Not at all Comfortable

Comments

**7. Was your waiting time?**

- Extremely Long
- Quite Long
- Moderately Long
- Not at all Long

Comments

**8. What was the Name of your treating Dr?**

**9. How personable was your treating Dr?**

- Extremely Personable
- Very Personable
- Moderately Personable
- Not Personable at all

Comments



**10. What was the Name of your Orthoptist?**

**11. How personable was your Orthoptist?**

- Extremely Personable
- Very Personable
- Moderately Personable
- Not Personable at all

Comments

**12. How well did the content of your consultation meet your needs?**

- Extremely Well
- Very Well
- Moderately Well
- Not Well at all

Comments

**13. How was your rebooking and billing experience?**

- Extremely Positive
- Very Positive
- Moderately Positive
- Not Positive at All

Comments

**14. Overall, how satisfied were you with us?**

- Extremely Satisfied
- Quite Satisfied
- Neither Satisfied nor Dissatisfied
- Extremely Dissatisfied

Comments

**15. How Likely is it that you would recommend us to someone else?**

Unlikely

Extremely Likely

**16. How can we improve our service to you?**

**17. Your Name (Optional)?**

**18. Preferred Contact**

- Phone  
 Email  
 No Contact

Thank you for taking the time to complete our survey. As we strive to consistently improve our services, we seek your sincere feedback with regards to the service and facilities provided at Hunter Street Eye Specialists. Your thoughts and comments are extremely important to us and will be treated confidentially.

**RETURNING FORM Options:**

**By POST TO:**

Attention: Patient Liaison Officer,  
Hunter Street Eye Specialists,  
Level 2, 17-21 Hunter Street,  
Parramatta, NSW 2150

**EMAIL TO:** [info@huntereye.com.au](mailto:info@huntereye.com.au)

**IN PERSON:** Hand it in person to one of our friendly team members