

Patient Satisfaction Survey

Trinity Medical Imaging

Our patients, our priority



TRINITY
MEDICAL IMAGING

Welcome to Trinity Medical Imaging.

Thank you for choosing us for your scan. I hope our team made your experience comfortable and that you were treated with kindness and respect.

At Trinity Medical Imaging, one of our goals is to continuously improve the service that we deliver. We hope to do this by responding to feedback we receive from our patients about their visits.

The information you provide will be used to help improve our customer care, and if you think we've done a particularly good job, we'll let our team know on your behalf.

Please return your completed questionnaire to the reception, or visit us at www.trinitymedicalimaging.co.uk to submit an online survey.

Thank you for your feedback, and I wish you a safe and speedy recovery.

Best wishes,



Dr A Parthipun

Medical Director, Trinity Medical Imaging

How likely are you to recommend Trinity Medical Imaging to your friends and family if they needed a similar scan or treatment?

Extremely
Likely

Likely

Neither likely
or unlikely

Unlikely

Extremely
unlikely

Don't know

Overall, how would you rate the quality of the care from Trinity Medical Imaging?

Excellent

Very good

Good

Fair

Poor

How was your scan or treatment at Trinity Medical Imaging funded?

NHS

Private medical insurance

Self-funded

What type of examination did you have today?

Nuclear Medicine

SPECT-CT

Ultrasound

Prior to arriving today, have you received sufficient information about what to expect during your scan or treatment?

Too much

Just right

Not enough

How satisfied are you with the length of time you have waited for this appointment?

Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How easy was it to find the Trinity Medical Imaging today?

Very Easy	Easy	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the waiting area?

Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the amount of time you had to wait before you were taken for your scan or treatment?

Very satisfied	Satisfied	Unsatisfied	Very unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the member of staff carrying out your procedure today introduce themselves?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

How well did the staff at Trinity Medical Imaging explain the procedure to you?

Very well	Well	Poorly	Very poorly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, did you feel you were treated with respect and dignity at Trinity Medical Imaging?

Yes, always	Yes, sometimes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was treated compassionately and with care at all times

Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the process of having the scan or treatment today what you expected?

Not at all	A little	Mostly	Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What went well with your visit today?

Overall how would you rate your visit today?

Excellent

Very Good

Fair

Good

Poor

Very poor

Do you have any other comments?

Trinity Medical Imaging takes your feedback very seriously. In order to address any weaknesses fully we would be very grateful if you would be willing to provide the following information so we may contact you to discuss your feedback. This is entirely optional.

Name

Address

Postcode

Telephone No

Email

Date of visit

- Please tick here if you give consent for us to publish your comments in Trinity Medical Imaging's marketing material and our website.
- Please tick here if you give consent to publish your name with your comments.
- Please tick here if you would like us to contact you by email with information about our services.
- Please tick here if you would like us to contact you in any other way (including by post or telephone) with information about our services which we feel may be of benefit to you.
- The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They may wish to contact you to hear about your experience. Please tick here if you have provided your details and consent to be contacted.

Thank you for your participation.

Trinity Medical Imaging, TMI House, 29 Waverley Way, Carshalton SM5 3LQ