



# please tell us what you think of our practice

Thank you for visiting Co-operative Medical Care. Your comments are very important to us. Please tell us what you thought of our service today.

The doctor/nurse I saw today was		
I was visiting for	myself / my child / other	
Did our service meet your expectations?	Yes	No
Please tell us what was good and/or how we could improve our service (please do not provide any medical information or details of treatment)		

If you would like to provide your contact details so that we may contact you regarding your comments, please complete the following section of the form.

Surgery visited	
Date	____ / ____ / ____
Your Name	
Your Home Address	
Email address	
Telephone Number	