



Health Centre Management Feedback Form

Your feedback about our Health Professionals is very important to us and will be used to further improve our services and future placements. Please take a few moments to answer the following questions.

Health Service:
Clinic Manager:
Health Professional:
Date: / / 2010

HEALTH PROFESSIONAL SERVICE

Q1. How do you rate the Health Professional placed at your clinic?
Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>
Comments:

Q2. Would you have this Health Professional back at your clinic?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:
Is there anything RAHC could have done to better prepare the Health Professional before their arrival?

RAHC SERVICE

Please tick your choice

The provision of the RAHC Health Professional was suitable to your needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
RAHC Placement Consultant helpful/efficient with your needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
RAHC Regional Coordinator helpful/efficient with your needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You were fully informed throughout the process	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there anything RAHC can do to improve its service to you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you require the services of another health professional in the near future? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes:

Type of Health Professional:
Special Skills Required:
When:

Email: enquiries@rahc.com.au or Fax: 02 6203 9598