

What can we do to improve your experience?

Why did you choose the San? (Tick all that apply)

- GP's recommendation
- Specialist's recommendation
- Reputation of hospital
- Location
- Friends or relatives recommendation
- Insurance requirements
- Previous experience
- Other _____

Were you a patient?

- Yes No

Were you a visitor or carer?

- Yes No

Was this your first time at this Hospital?

- Yes No Unsure

Patient Age:

- 0-17 18-34 35-49
- 50-64 65-79 80+

Patient Sex:

- Male Female

Please tell us

What impressed you most?

Any exceptional staff members?

Ward/Area _____

Name (optional) _____

Please give this to any reception or nursing staff or post to:

Quality Management Department

Sydney Adventist Hospital

FREE POST 6

185 Fox Valley Road Wahroonga NSW 2076

If you require a response to a specific concern please email customerfeedback@sah.org.au

Thank you for helping us serve you better.

A teaching hospital of



Australian National University

Partner in nursing education



Proudly supported by



185 Fox Valley Road, Wahroonga NSW 2076
Telephone: 02 9480 9111 Facsimile: 02 9480 9266

Website: www.sah.org.au

Operated by **Adventist HealthCare** Limited

ABN 76 096 452 925

0108QM1022 GP 1444



**Tell us about
your visit**



Sydney Adventist Hospital



There's something unique about 'the San' – as we are fondly known. The people who work here feel it, and many of our patients and community members talk about it. It's hard to put your finger on, but it's as real as the bricks and mortar in our buildings.

When we ask people why they come here, among the answers about our many high quality services and skilled people, the reasons invariably come back to the extra 'care' they feel at the San...

We're extremely proud of this reputation. We're also extremely proud of the wonderful people who contribute to this reputation in their busy work days.

We are always listening and love to hear your feedback.

If you would like to tell us about our service – a suggestion for improvement or a compliment – simply complete this form and return it to any of our reception or nursing staff.

We look forward to hearing from you!

Brett Goods
Chief Executive Officer
Adventist HealthCare

Overall Ratings

What is your overall opinion of:	Excellent	Good	Fair	Poor	Very poor	Does not apply
Sydney Adventist Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical staff/reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities & accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes To some extent No Does not apply

During your admission were your cultural and/or special needs met?

How likely are you to return to this hospital for your medical care? (please circle)

Extremely likely Not at all likely
10 9 8 7 6 5 4 3 2 1 0

Why? _____

How likely are you to recommend this hospital to your friends and family? (please circle)

Extremely likely Not at all likely
10 9 8 7 6 5 4 3 2 1 0

Why? _____