****

|  |
| --- |
|  **Friends & Family Test – Dr Hallikeri & Partner**  |
| Are you? Female Male Age 16 or under 17 to 24 25 to 39 40 to 59 60 to 74 75 or over We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?  Extremely likely LikelyNeither likely nor unlikely  Extremely unlikely  Don’t know  Please turn over….  |
|

|  |
| --- |
| Thinking about your response to the previous question, what is the main reason why you feel this way? *This survey is anonymous, however please tick this box if you DO NOT wish your comments above to be made public* Thank you for taking the time to complete this survey. Please place this card in the box in reception or pass to a member of staff. Your feedback will be used to improve services at our practice.  |

 |
|  |