Patient Experience Questionnaire

How did you hear about The City College of Acupuncture Student Clinic? (please circle):

Referral by Patient / Referral by Student / Other Referral / Advertisement / Social Media

Please state which Advertisement / Social Media ……

How would you rate The City College of Acupuncture Student Clinic amenities (please circle):

Very good / Good / Fair / Poor

Any comments about the amenities? ……

How would you rate the following areas of treatment? (please tick one box per answer):

	Very Good	**Good**	**Fair**	**Poor**
Punctuality (waiting time, treatment time)				
Made to feel at ease				
Confidence in Student Practitioner				
Privacy during treatment				
Student Practitioner's understanding of your ailment				
Explanation of purpose and nature of treatment				
Your understanding of aims and likely outcomes of treatment				
Overall Experience Rating				

Our Patients are very important to us, and we wish to make your experience at our Student Clinic the best possible. We value any comments or suggestions you may have, with this in mind:

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Please drop this form at the office, email it to us cca@citycollege.ac.uk, or post it to:
The City College of Acupuncture, 55 East Road, London, N1 8PP.