

**What can we do to improve your experience?**

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.....  
.....  
.....  
.....  
.....

**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](mailto:customerfeedback@sah.org.au)

*Thank you for helping us serve you better*



SYDNEY  
ADVENTIST  
HOSPITAL

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[www.sah.org.au](http://www.sah.org.au)

A division of **Adventist HealthCare** Limited ABN 76 096 452 925

A teaching hospital of



Partner in nursing education



# Tell us about your visit

at Sydney Adventist Hospital



01/08/QM/0216/PR



SYDNEY  
ADVENTIST  
HOSPITAL

## 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**  
General Manager  
Sydney Adventist Hospital

## OVERALL RATINGS

What is your overall opinion of:

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

	Yes	To some extent	No	Does not apply
During your admission were your cultural and/or special needs met?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How likely are you to return to this hospital for your medical care?  
 Extremely likely \_\_\_\_\_ Not at all likely  
 10 9 8 7 6 5 4 3 2 1 0  
 (please circle)

Why? \_\_\_\_\_

How likely are you to recommend this hospital to your friends and family?  
 Extremely likely \_\_\_\_\_ Not at all likely  
 10 9 8 7 6 5 4 3 2 1 0  
 (please circle)

Why? \_\_\_\_\_