

Feedback form

Please note that the information we collect from this feedback form assists us to undertake service monitoring and quality improvement activities. We will never release any information about you to a third party without your consent.

First name:

Last name:

Email address:

Phone number:

Any questions/feedback:

Contact us

For more information about the Vision Hospital Group day surgeries, contact our Head Office on **(03) 8844 4000** or email enquiries@visionhospitalgroup.com.au

Our state-of-the-art day surgeries

NEW SOUTH WALES

Forest Road Day Surgery
Ground Level, 99A Forest Road,
Hurstville NSW 2220
T: (02) 9330 6988

Chatswood Day Surgery
270 Victoria Ave,
Chatswood NSW 2067
T: (02) 9424 9999

QUEENSLAND

North Queensland Day Surgery
119 Kings Road,
Pimlico QLD 4812
T: (07) 4725 2677

RiverCity Private Hospital
Level 2, 401 Milton Road
Auchenflower QLD 4066
T: (07) 3736 3010

Vision Centre Day Surgery
Ground floor, 95 Nerang Street,
Southport QLD 4215
T: (07) 5528 4020

SOUTH AUSTRALIA

Windsor Gardens Day Surgery
Level 1, Suite 1,
480 North East Road,
Windsor Gardens SA 5087
T: (08) 7078 5978

VICTORIA

Camberwell Day Surgery
27 Denmark Hill Road,
Hawthorn East VIC 3123
T: (03) 9882 1347

Footscray Day Surgery
89 Paisley Street,
Footscray VIC 3011
T: (03) 9689 9233 [opt 2]

PANCH Day Surgery Centre
Corporate One Business Centre,
Level 4, 84 Hotham Street,
Preston VIC 3072
T: (03) 8560 0677

Whitehorse Day Surgery
852 Whitehorse Road
Box Hill VIC 3128
T: (03) 9899 9611

HEAD OFFICE

Vision Hospital Group
Level 5, 390 St Kilda Road
Melbourne VIC 3004
T: (03) 8844 4000



Vision
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Your care. Our focus.

Information
for patients



Feedback
form



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Let us know how we're doing

At Vision Hospital Group, we are committed to providing exceptional care to patients.

We are continually striving to improve our service – that's why we value your feedback. Whether we did something right or could do better in the future, we'd love to hear from you.

All of our patients and their families/carers have the right to provide feedback about the treatment and care provided. Your privacy is important to us so we will make sure any concerns are addressed confidentially. If you would like us to contact you to discuss your comments further, please remember to include a phone number or email address in the contact form opposite.



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How did we go?

Please tick the appropriate response for each statement below.

	Below average	Average	Above average
Quality of care and treatment			
Quality of communication			
Individual needs met			
Respect for your beliefs			
Informed/involved in decisions about your treatment and care			
Friendliness of staff			
Cleanliness of facilities			
Affordability and cost			
Waiting time			
Accessibility of parking			
Overall experience			

General questions

Please tick and specify your:

Age:

15-30

30-40

40-50

50-65

65+

Gender:

Female

Male

Other

What procedure did you have?

Which day surgery did you attend?

What is your postcode?

