



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

MEMBER FEEDBACK SURVEY

All members are encouraged to complete this survey and return by:

email: reception@sydmed.com.au / fax: (02) 8724 6301 / post: Locked Bag 1, PANANIA NSW 2213

Member GP Name: _____ **Email Address:** _____

Practice Name: _____ **Practice Phone:** _____

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Has Sydney Medical Service 1300HOMEGP Co-op (SMS) provided you with after hours promotional material for distribution to your patients? | | | |
| 2. Are you receiving your clinical information and other necessary patient information from the deputising doctors? | | | |
| 3. Do your patients return for their follow up visits to review their treatment reports with you? | | | |
| 4. Do you read the postal notices and other information sent from SMS to your practice? | | | |
| 5. Are you aware how to contact a deputising doctor in case of any urgent patient conditions? | | | |
| 6. Would you like better access to Co-operative services such as our General Meetings, administration, or charity events for members? | | | |
| 7. Have your patient referrals provided a quality after hours experience for both the GP and patients? | | | |
| 8. Are you interested in working for the Co-operative as an after hours locum to provide accredited home visit treatments? | | | |

Do you have any additional comments you would like to make to improve the Co-operative?

We thank you for your time and feedback in assisting the service maintain appropriate care.

ABN: 67 878 022 161

68 Anderson Avenue, PANANIA NSW 2213

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www.homegp.org