Care Coordinator Feedback Form



You recently engaged with our Care Coordinating service. We are really interested in your experience and any feedback you would like to share. All responses will be kept anonymous.

We would be grateful if you could take a few minutes to complete the form below and return to us via your Care coordinator or email to bedccg.carecoordinator.ivs@nhs.net

Your feedback will enable us to further develop our services, to ensure we offer our clients the best experience possible.

Overall experience with our service					
	Strongly Agree	Agree	Some What Agree	Disagree	Strongly Disagree
Do you feel you were contacted by the Care Coordinator in a timely manner after seeing your Healthcare Professional or making a self-referral?					
Do you feel the Care Coordinator was explained well enough, so that you understood the benefits of the discussion, and what to expect?					
Did you feel listened to, and given the opportunity to explore options to create your own goals and action plans?					
Did you find the support provided was relevant to your health & wellbeing goals and aims?					
Were you encouraged to explore resources of support relevant to your health & wellbeing?					
Have you seen a positive change in your health &/or wellbeing as a result of interacting with the Care Coordinator?					
Please provide any other feedback/comments/personal achievements that you would like to share about the Care Coordinating service :					

Thank you for your time in completing this feedback form.

Please email your form back to bedccg.carecoordinator.ivs@nhs.net