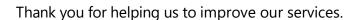
Customer Experience Survey

We're listening. How did we do?

We would like to hear about your experience at Royal Rehab. Your opinions are very important to us and will be used to improve our services. This survey will only take a few minutes to fill out on the services that you received at Royal Rehab. We welcome your feedback and your responses will be kept confidential.

To complete this survey online, please visit royalrehab.com.au/contact-us or scan this QR code with your phone.

If you would like assistance to complete the survey over the phone, please call 02 9808 9604.



I am:



	a client (name optional)		
	male female age		b/town ial residence
	a family member		
	a carer		
	other, please specify		
I ha	ve used the following services at Royal	Rehab	•
	Royal Rehab Private Hospital		Driver Assessment and Training
	Brain Injury Unit		Spinal Injury Unit
	Brain Injury Community Rehabilitation Team		Day Rehabilitation
	(BICRT)		NSW Spinal Outreach Service
	Community Based Rehabilitation Service (CBRS, Home Based Rehab Program)		
	Public Outpatient Department		



I am specifically providing feedback on unit/service:

	N/A	Excellent	Good	Fair	Poor	Very Poor	Comments
Royal Rehab							
Physiotherapist							
Occupational Therapist							
Speech Pathologist							
Social Worker							
Dietitian							
Rehab Medical Specialist							
Neuropsychologist							
Registered Nurse							
Allied Health Assistant							
Recreation Therapist							
Rehab Case Manager							
Administrative staff							
How my care was coordinated							
The intensity / frequency of my therapy program							
Equipment offered / provided							
Modifications suggested / installed							
The following questions are only re	elevant [·]	for clients r	eceiving	inpati	ent ser	vices.	
Facilities and accommodation							
Catering services staff							
Cleaning staff							
Food quality and range							
Cleanliness and comfort							

	N/A	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
I understood the information about services available at Royal Rehab provided prior to the service commencing.							
I understood the information provided to me about my rehab program.							
It was easy to get information if I had any questions about my rehab program.							
I felt involved in the goal setting aspect of my rehab program.							
I felt involved in the handover of information during my rehab program.							
I understood the education provided about preventing pressure injuries.							
I felt involved in my falls prevention and management plan.							
I was satisfied with the information provided and arrangements for my discharge from the service.							
I was treated with dignity and respect.							
My privacy needs were respected.							
I felt free to make a complaint.							
Overall, I was satisfied with the outcome of my rehab program.							
The following question is only re	elevant	for clie	nts red	eiving	inpatie	nt service	PS.
The information provided about my medicines was easy to understand and meaningful.							

(Please ci	rcle rating)									
10=Extre	emely likely	/		Į.	5= Neutra	0 = Not at all likely				
10	9	8	7	6	5	4	3	2	1	0
Please to	ell us why.									
What imp	ressed you	most?								
How could	d we impro	ve?								
•	e permission keting, con			•		testimoni	al in ongo	ing Royal Re	ehab publ	lications,
Follow-	•			. fo o allo o al	.o		Vas	□ Na	4.5	
•	ant us to co	•					✓ Yes✓ Yes	□ No		ticked yes, provide your
	a want to be kept informed of Noyal Nellab activities.							t details below		
Name						Р	hone			
Email										
	•				n to the Ro	-) Foundati	ion, please v	risit	

royalrehab.com.au/donating-to-royal-rehab or phone: 9808 9222.

Client Survey: Royal Rehab Please return your survey to:

Reply Paid 6 RYDE NSW 1680

If you would like to contact us, please email feedback@royalrehab.com.au

