

**DR MELINDA PASCOE MBBS FRACP**  
Neurologist & Neurophysiologist  
Specialist in Peripheral Nerve Diseases  
62 Sanders Street Upper Mt Gravatt QLD 4122

**Post-Visit Patient Satisfaction Template**

**1. How did you hear about us?**

- Recommended by GP or Specialist
- Google Search
- Recommended by a friend
- Website [www.melindapascoeneurology.com](http://www.melindapascoeneurology.com)
- Other (please specify) \_\_\_\_\_

**2. Did you find our website useful and informative?**

- Yes
- No
- I haven't looked at it
- I didn't know you had one
- I don't use the internet
- Other (please specify) \_\_\_\_\_

**3. How easy or difficult was it to schedule your appointment in a timely manner?**

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- Other (please specify) \_\_\_\_\_

**4. In your opinion, how convenient is the location of our office at 62 Sanders Street Upper Mt Gravatt?**

- Extremely convenient
- Very convenient
- Somewhat convenient
- Not so convenient
- Not at all convenient
- Other (please specify) \_\_\_\_\_

**5. Overall, how would you rate the service you received from our reception staff?**

- Excellent
- Very good
- Good
- Fair
- Poor

**6. Did your appointment start early, later or on time?**

- Very early
- Somewhat early
- On time
- Somewhat late
- Very late

**7. Overall, how would you rate the care you received from the Neurologist?**

- Excellent
- Very good
- Good
- Fair
- Poor

**8. How well did your Neurologist explain your treatment options?**

- Extremely well
- Very well
- Somewhat well
- Not so well
- Not at all well

**9. How would you rate your overall experience with Neurology Solutions?**

- Extremely poor
- Poor
- Average
- Above average
- Excellent

**10. Is there anything we could have done to improve your experience?**

---

---

---

---

---

---

---

---

---

---

---

**Please email your completed survey to [pascoe.neurology@gmail.com](mailto:pascoe.neurology@gmail.com)**