

Health Services Evaluation Form



An Australian Government Initiative

We value your opinion about your experiences with us. The feedback you provide will help us to review and continually improve our services. Completing this survey is voluntary and will not affect the care you receive. All responses are confidential and will only be used for quality improvement purposes. To maintain your confidentiality, please do not write your name on this survey.

Please indicate the service you were involved with:

- Psychological Strategies Better Outcomes in Mental Health Care/ General Psychological Strategies (formerly known as ATAPS)
- Bushfire & Post Traumatic Stress Service
- Child Mental Health Service
- Mental Health Nurse Incentive Program
- Partners in Recovery
- Aboriginal and Torres Strait Islander Service
- Perinatal Depression Service
- Suicide Prevention Service

Please indicate the name of your service provider: _____

How long (or how many sessions) have you been involved in this service for? _____

	Agree	Neither agree or disagree	Disagree	Not applicable
The process of making the first appointment worked well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting time for my first appointment was suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt understood by my service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have benefited from the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable to use the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My privacy and confidentiality was upheld in this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communication between my service provider and GP was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my service provider would welcome any feedback I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to be referred again if the need arose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of my rights to express concerns about any aspect of this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you rate your wellbeing improvement with the program?

- Not at all
 Slight
 Moderate
 Significant
 Major

Please tick the component(s) your health provider addressed well:

- Listened to my story
- Helped me understand my concerns better
- Helped my family understand my concerns
- Worked with me to set goals and plan strategies to achieve them
- Supported me to make changes in my life
- Connected with me personally
- Advocated on my behalf
- Linked me with other helpful services
- Helped my GP support me better
- Helped me understand new skills
- Helped me explore and make sense of my feelings and thoughts

What does this service or your health provider do well?

What could be improved?

Any other comments?

Thank you for your feedback.

Please send this completed form to Kallisteni Costas by fax: 9879 5407 or email kallisteni.costas@emphn.org.au.

If you have any queries, please don't hesitate to contact Eastern Melbourne PHN on 9871000.