

# Eastern Melbourne PHN Health Services Evaluation Form

We value your opinion about your experience of our commissioned services. The feedback you provide will help us to review and continually improve our commissioned 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:

<input type="checkbox"/>	Psychological Strategies (formerly known as ATAPS)	<input type="checkbox"/>	Aboriginal and Torres Strait Islander Service
<input type="checkbox"/>	Bushfire & Post Traumatic Stress Service	<input type="checkbox"/>	Perinatal Depression Service
<input type="checkbox"/>	Child Mental Health Service	<input type="checkbox"/>	Suicide Prevention Service
<input type="checkbox"/>	Mental Health Nurse Incentive Program	<input type="checkbox"/>	Partners in Recovery
		<input type="checkbox"/>	Other

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				
The waiting time for my first appointment was suitable				
I felt understood by my service provider				
I have benefited from the service				
I felt comfortable to use the service				
My privacy and confidentiality was upheld in this service				
The communication between my service provider and GP was useful				
I feel my service provider would welcome any feedback I have				
I would be willing to be referred again if the need arose				
I am aware of my rights to express concerns about any aspect of this service				

Overall, how would you rate your wellbeing improvement with the program?				
<input type="checkbox"/> Not at all	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Significant	<input type="checkbox"/> Major

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

- Listen to my story
- Help 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?

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What could be improved?

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Any other comments?

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Thank you for your feedback.

Please send this completed form to Kallisteni Costas by fax: 8888 9956 or email to

[Kallisteni.costas@emphn.org.au](mailto:Kallisteni.costas@emphn.org.au) . If you have any queries, please don't hesitate to contact Eastern Melbourne PHN on 9046 0300.