

**Your practice
logo here**

Routine Health Appointment Feedback Form

Dear Patient,

Thank you for attending your routine dental check-up and hygienist appointment with us at **DENTAL PRACTICE**.

Regular dental check-ups and hygiene appointments play an important role in maintaining good oral health. They allow us to monitor changes, identify potential concerns early, provide preventative care and support your long-term dental health.

We understand that you may be asked to provide feedback on many occasions. However, hearing about your experience is particularly valuable to us, as it helps our team ensure we continue to provide the highest standards of care.

We would be grateful if you could take a few moments to complete this form. Your honest feedback helps us recognise what we do well, identify opportunities to improve and continue providing the personalised care you deserve.

■ **About your visit**

Date of visit: _____ Dentist/Hygienist seen: _____

■ **Your welcome and first impressions**

How welcoming and friendly did you find our reception team?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs improvement

Did you feel comfortable and at ease in the practice?

☐ Yes, completely ☐ Mostly ☐ Not really

■ **Value of regular health checks**

How valuable do you feel regular dental check-ups are for maintaining your oral health?

☐ Very valuable ☐ Quite valuable ☐ Not sure ☐ Not valuable

Did today's appointment help you understand the importance of attending regular dental check-ups?

☐ Yes, definitely ☐ To some extent ☐ Not really

■ Gum health and prevention

Did your dentist or hygienist explain your gum health in a way that was clear and easy to understand?

- ☐ Yes, completely ☐ Mostly ☐ Not really ☐ Not discussed today

Did you receive helpful advice on how to maintain or improve your oral health at home?

- ☐ Yes, completely ☐ Mostly ☐ Not really ☐ Not discussed today

■ Understanding a monitoring your dental health

Did your dentist explain any changes in your dental health or areas that may need monitoring?

- ☐ Yes, clearly ☐ To some extent ☐ No ☐ No changes or concerns identified

Do you have a clear understanding of your current dental health?

- ☐ Yes, completely ☐ Mostly ☐ Not really

Do you feel you have a clear understanding of any recommended next steps or future appointments?

- ☐ Yes, completely ☐ To some extent ☐ No

■ Your ongoing relationship with our practice

Do you feel valued and cared for as a patient of our practice?

- ☐ Yes, completely ☐ Mostly ☐ Not really

Do you feel our team understands your dental history, individual needs and preferences?

- ☐ Yes, completely ☐ Mostly ☐ Not really

Did you feel listened to, respected and involved in discussions about your dental care?

- ☐ Yes, completely ☐ Mostly ☐ No

■ Confidence and trust

Following your appointment, how confident do you feel about maintaining your dental health?

- ☐ Very confident ☐ Fairly confident ☐ Not confident

Has today's appointment strengthened your confidence in the care you receive at our practice?

- ☐ Yes, definitely ☐ To some extent ☐ Not sure ☐ No

■ Overall experience

Overall, how would you rate your routine dental check-up and hygienist appointment?

- ☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs improvement
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■ Your feedback

What did we do particularly well during your visit?

Is there anything we could do differently to improve your experience?

Would you like us to contact you about your feedback?

All feedback is reviewed carefully and helps us improve patient care.

If you would like our Practice Manager to contact you personally regarding your feedback, please complete the section below and we will aim to contact you as soon as possible.

Name: _____

Preferred contact method: ☐ Telephone ☐ Email

Telephone number/Email Address: _____

■ Testimonial

If you have had a positive experience with us, we would be delighted if you could share a testimonial about your care.

With your permission, we may share your comments on our website, social media channels and other marketing materials to help others learn more about the care and experience we provide. Your testimonial will only be shared with your consent, which you may withdraw for future use at any time by contacting the practice.

☐ I consent to **DENTAL PRACTICE** using my testimonial for marketing purposes, including on its website, social media channels and printed promotional materials. I understand that I can withdraw my consent for future use at any time by contacting the practice.

■ Thank you

Thank you for taking the time to share your experience with us.

We genuinely appreciate your feedback, which helps us continually improve our services and maintain the highest standards of patient care.

We look forward to welcoming you again at your next appointment.

The Team at DENTAL PRACTICE
