

# Clinics Feedback Form

We want to get our services right for you. This means that your views on the help you have received from us are important and we would be very grateful if you would take a few minutes to fill in this brief form.

**Name and date of birth** .....

**Student / Professional Performing Artist** (please circle)

**Instrumentalist / Singer / Actor / Dancer / Variety Artist** (please circle)

**Clinic: GP / Physiotherapy / Orthopaedic / Rheumatology / Counselling**  
 (please circle) and **Date attended**.....

**1. Overall, how would you rate our services? Please tick below.**

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
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**2. How helpful was the Helpline Operator?**

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
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**3. How helpful were the Clinic Reception staff (London clinic only)?**

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
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**4. How helpful was the doctor or therapist?**

Very Helpful	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Quite Helpful	<input type="checkbox"/>	Not Helpful	<input type="checkbox"/>
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5. Were there any aspects of our service you thought were really good? Please do tell us – it helps us raise funds to continue our work if we have quotations or case studies from clients who are very happy with the help we have given.

6. Are there any ways you think we could have improved our services to you?

7. Do you have any suggestions about additional services we could usefully provide to performing artists?

8. We are keen to know how effective our advice has been in helping overcome your medical problem. Are you happy for us to contact you with a brief follow-up survey in 6 months' time, either by text or email? If so, please give your mobile or email details below:

Mobile.....Email.....

Please hand the completed form in at the reception desk (London) or send it to: BAPAM (Clinics), 4<sup>th</sup> Floor, Totara Park House, 34-36 Gray's Inn Road, London WC1X 8HR  
clinic@bapam.org.uk

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**PLEASE NOTE:** We take unhappy clients very seriously. If you have any complaint about your experience when using BAPAM's services, please contact Naomi Wayne, Chief Executive at 020 7404 5888 or [naomi@bapam.org.uk](mailto:naomi@bapam.org.uk)