

Contraceptive Coil Fitting or Removal Evaluation Form

Date: Name:

NHS South Birmingham is interested in feedback on contraceptive coil fitting and removal procedures undertaken within a GP Surgery. We want to ensure that we maintain a high standard of service to our patients and ensure that future procedures run smoothly.

We would be grateful if you could complete this survey about the procedure you have recently had. Feedback from the survey will enable us to identify areas that may need improvement.

Please complete this evaluation form approximately 2 weeks after your procedure.

Please tick the boxes below – where you are dissatisfied or would like to add additional comments could you please do so in the box at the end of the form.

Q1: Name of procedure undertaken
Fitting or contraceptive coil (IUCD) Removal of contraceptive coil (IUCD)

Q2: Name of Doctor undertaking procedure: Dr Cole / Dr Allen / Dr Clarke

Q3: Name of the surgery or practice where procedure was undertaken:
Bournbrook Varsity Medical Centre
Is this your registered GP Practice? Yes No

Q4: Were you satisfied with the time it took for you to receive an appointment date?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Q5: Were you given all the necessary facts prior to undergoing the procedure, to enable you to make an informed choice about having the procedure? Yes No

Q6: Were you satisfied that you received all the necessary advice and information (failure rate, effect on periods, return to fertility etc)?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Q7: Did you receive any written information – such as a patient leaflet? Yes No

Q8: Did you have any problems requiring further treatment after your procedure?
Yes No

Q9: How satisfied were you with the overall clinical service received?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Any additional comments are welcomed: particularly if you are dissatisfied or very dissatisfied with any parts of the service.

ADDITIONAL COMMENTS:

Thank you for taking the time to complete this evaluation form.