

What could we improve?

Is there anything else you want to tell us about?



Thank you for taking the time to complete this questionnaire.

**If you would like a copy of this leaflet in large print, please ask at the reception desk.**

If you are dissatisfied with the service you have received today and wish to speak to someone about it, please let the receptionist know immediately.

If you are dissatisfied with the service and wish to make a formal complaint, you can do so by contacting:

Mrs Sheila Donegan  
Systems and Information Manager  
Well Travelled Clinic, LSTM  
Pembroke Place  
Liverpool, L3 5QA  
**Tel:** 0151 705 2555 **Email:** [tropshop@LSTmed.ac.uk](mailto:tropshop@LSTmed.ac.uk)

## Tell us what you think about our service

Month attended:

## Comments and Suggestions

**Our customers' opinions are important to us. Please let us know what you thought of the service you received.**

Leaflet name: Comments and Suggestions Leaflet lead name: S Donegan Date leaflet first developed: July 2010 Date this version approved: 22/05/2023	Review date: May 25 Version No: V8	Page 1 of 4
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**Age** *(please tick)*

- 16 – 30yr       31 – 40yr       41 – 59yr       over 60yr

**Why did you choose our service?** *(Please tick one box only)*

- Travel advice and vaccination service not available at GPs.  
 Travelling at very short notice  
 Specific vaccine not available at GPs  
 Have special medical/healthcare needs that required specialist advice  
 Only able to attend after work or on Saturdays  
 Wanted to attend a specialist Liverpool School of Tropical Medicine Clinic  
 Company has a corporate membership with WTC  
 Other reason *(please specify)*

**Which services did you access today?** *(Please tick all that apply)*

- Travel health services                       Covid-19 swab service  
 Occupational health services               Retail only  
 NHS outpatient service                       Advice only

**Which service did you use?** *(Please tick relevant boxes)*

- Walk-in service                       Liverpool  
 Booked appointment                       Chester

**If you booked the appointment, were you able to get an appointment at the branch you wanted and at the time you wanted?** *(If no please give details)*

**Were you satisfied with the facilities that were available?** *(e.g. waiting area, toilets etc. If no please give details)*

**When you arrived at the clinic, were you satisfied with the amount of time you had to wait?**

**Did you use our website?** *(Please give details)*

**If yes, could you find the information you were looking for on our website?** *(Please give details)*

**What other information could we provide on our site?** *(Please give details)*

**Did our staff explain our fees/charges to you?** *(Please tick all that apply)*

- On the telephone       On arrival at clinic       Both

**How would you rate the overall level of CUSTOMER CARE you received?** *(Please tick one box only)*

- Excellent                       Very good                       Good  
 Satisfactory                       Poor