**Greet Medical Practice**

**Dr M D Agarwal, Dr Jessica Agarwal**

The NHS Friends and Family Test

We would like you to think about your recent experience of our service.

**“How likely are you to recommend our service to friends and family if they needed similar care or treatment?”**

Please circle the appropriate statement below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Extremely Likely | Likely | Neither likely or unlikely | Unlikely | Extremely unlikely | Don’t know |

Please tell us the main reason for selecting your statement.

Name (optional):

Contact Details (optional):

 Please tick if you are a carer completing this on behalf of a patient

For further information on the NHS Friends and Family Test, please visit [www.england.nhs.uk](http://www.england.nhs.uk)