

Second Psychiatric Opinion Service Evaluation and Feedback

Thank you for completing this evaluation. Your experience with the Second Psychiatric Opinion Service is important to us. Your feedback will guide our work and help us to improve where needed.

For each of the following statement, please indicate a rating of 0 to 4 from Strongly Disagree (0) to Strongly Agree (4)

	0 Strongly Disagree	1 Somewhat Disagree	2 Neither Agree nor Disagree	3 Somewhat Agree	4 Strongly Agree
1. I was informed of the Second Psychiatric Opinion Service on admission to hospital					
2. It was easy to access an appointment					
3. I was given an appointment time quickly					
4. I did not have to wait long for my appointment					
5. I was satisfied with my assessment					
6. I received my report within 10 working days					
7. I was satisfied with the Second Psychiatric Opinion Service					

How did you hear about the Second Psychiatric Opinion Service?

Who made the booking for you? Self Carer Nominated Person Advocate
Treating Team Other

Please indicate which advocacy service, team member or other: _____

Any other comments on the Second Psychiatric Opinion Service

How to submit this form

You can mail it back to us with the self-addressed envelope included here.

You can also give this form to a member of your treating team and ask them to forward it to us by fax to 9342 3081. Or e-mail it to intake@secondopinion.org.au

Want to speak to someone instead?

If you would like to provide feedback about, or discuss your experience with the Second Psychiatric Opinion Service, please contact, the Second Psychiatric Opinion Service Clinical Coordinator on 1300 503 426.

To make a complaint

If you have not received a response within 30 days or you are unsatisfied with the outcome of your feedback, you can contact the Clinical Coordinator on 1300 503 426.

If you are still unsatisfied or as an alternative, please contact:

The Mental Health Complaints Commissioner

Free call: 1800 246 054

Postal address: Level 26, 570 Bourke Street, Melbourne, VIC 3000

Email: help@mhcc.vic.gov.au

Would you like a response to your feedback or evaluation form?

Yes No

If yes, please provide your name and preferred contact method below:

Your name: _____

Email: _____

Phone: _____

Address: _____