

**GP/Practice Staff Feedback Survey**

**ATAPS/MHSRRA Centralised Intake**

<b>Practice name/location (optional):</b>	
<b>Your role (please tick):</b>	<input type="checkbox"/> <b>GP</b> <input type="checkbox"/> <b>Practice staff</b>
Approx. how many ATAPS referrals have you made to the Centralised Intake system in the last 12 months?	
<input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>1-5</b> <input type="checkbox"/> <b>5-10</b> <input type="checkbox"/> <b>10+</b>	

For each of the questions in the following table, please place a tick in the column of the response that most closely reflects your view.

	<b>Question</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1.	I feel the Centralised Intake referral system is easy to use					
2.	My expectations have been met in regards to timeliness of the referral process					
3.	Information on the service is easily accessible					
4.	Communication from Marathon Health has been satisfactory					
5.	Communication from the ATAPS providers has been satisfactory					
6.	I am satisfied overall with the Centralised Intake system					

**What would you like to see done differently with this service?**

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**What specific areas would you like more information on:**

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**Any other comments or feedback?**

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Thank You

**Please return to Marathon Health using the Reply Paid envelopes provided or fax to 02 6882 7224**