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| **Name of Psychiatrist** |  |
| **Date of Completion** |  |

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| **The doctor is reliable with appointment times** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor has professional communication skills** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor makes eye contact and uses appropriate body language** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor listens attentively** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor explains things in a manner which I am able to understand clearly** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor respects my privacy and does not act improperly towards me** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor explains the procedures and follow up for my treatment** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |
| **The doctor reviews the effectiveness of my treatment regularly with me** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor explains any side effects of my medication to me** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor shows concerns regarding my ongoing care** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **I feel comfortable to contact this doctor if I require additional assistance** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **The doctor explains to me what is discussed with my family or carer** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **I feel the doctor understands me** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **I feel the doctor works in my best interests** |
| Strongly Disagree*[ ]*  | Disagree *[ ]*  | Neither agree nor disagree *[ ]*  | Agree *[ ]*  | Strongly Agree *[ ]*  |

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| **Additional Comments** |
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