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

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

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

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

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

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |