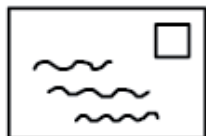


If you want us to phone or write to you:



Name _____

Address _____

Postcode: _____



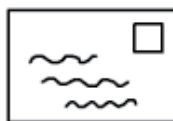
Telephone Number:

Thank you.



Your comments help us plan and change services

Please put the form in the envelope provided and give it to PALS Information Desk



Completed By:

Service User

Parent/Carer

Other
(please specify)



Please Circle

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Comment Card



Name of Hospital/ ward/ unit

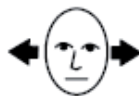
What do you think about your stay in hospital?



Did you get information that was easy to understand?



Yes



No

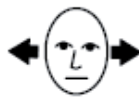
What one thing could have been better during your stay?



Was it useful having a Learning Disability Liaison Nurse?



















Yes



No

Other things you would like to say?

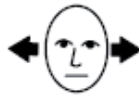


 Nurses	 Good	 OK	 Bad
 Doctors	 Good	 OK	 Bad
 Food	 Good	 OK	 Bad
 Clean Rooms	 Good	 OK	 Bad

Did you feel Safe?



Yes



No