

THE LAW MEDICAL GROUP PRACTICE

Patient Questionnaire – Online Services

1. Which of the following methods would you prefer to use to book an appointment in the practice? (Please tick)

In person	By phone	Online	Does not apply
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2. Are you aware that appointments can be made online via the practice website? (Please tick)

Yes	No
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3. What has stopped you from using our online appointment booking service? (Please tick all that apply)

I do not have access to the internet	I did not know this service was available	I have tried but was unable to login successfully	I do make use of this service	I could not find an available online appointment	Other (Please write on the lines provided)
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4. By which of the following methods do you prefer to order your repeat prescription? (Please tick)

In person	By phone	Online	Does not apply
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5. Are you aware that you are able to order repeat prescriptions online? (Please tick)

Yes	No	Does not apply
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6. How easy is it to order repeat prescriptions online? (Please tick)

Very Easy	Fairly Easy	Not easy	Not at all easy	Don't know	Have not tried
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Demographics:

What is your gender? (Please tick)	Male		Female			
What is your age? (Please tick)	Under 16	16 to 44	45 to 64	65 to 74	75 or over	
Do you have a longstanding health condition? (Please tick)	Yes		No		Can't say / Don't know	
Are you a carer? (Please tick)	Yes			No		
What is your ethnicity? (Please tick)	White	Black or Black British	Asian or Asian British	Mixed	Chinese	Other ethnic group

Thank you for taking the time to provide us with your valuable feedback.