

Trent Hills Family Health Team/Hillside Family Medicine

2.4.2 Accessibility Feedback Form

Your feedback is important to us and will help us improve accessibility at our facilities.

1. **I am a:** ☐ Patient ☐ Patient Support Person ☐ Member of Public

2. **Please tell us the date and location of the visit (if relevant):**

Date: _____

- ☐ Campbellford
☐ Hastings
☐ Warkworth

3. **What difficulties did you, or the patient, experience accessing our services?**

4. **What suggestions do you have to help us improve accessibility?**

5. **May we contact you to discuss this?** ☐ Yes ☐ No

If yes, please provide your preferred contact information:

The information in this form will be used for the continued improvement of accessibility at Trent Hills Family Health Team. All personal information will be protected.

Please return this form to:

Delayne Donald, Executive Director
Trent Hills Family Health Team
119 Isabella Street, Campbellford,
ON K0L 1L0 Fax: 705-653-5483
Email: clerk@thfht.com

Office Use:

Date received:

Follow-up/Action to be taken:

Staff Member: _____ Date: _____