

INDEPENDENT NEUROLOGY INQUIRY

Patient Questionnaire & Guide

(Easy Read)

We are reviewing Neurology Services provided in the Greater Belfast area.

Tell us about your experiences of Neurology Services.

Tell us if you had concerns.

Tell us if you raised a complaint.

Tell us what the concern or complaint was.

What answer did you get?

Add your personal contact details as the Inquiry Panel might need to contact you.

A full guide and questionnaire can be sent to you.

Return by 7 December 2018

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IF YOU HAD A CONCERN –

DID YOU RAISE IT OR MAKE A COMPLAINT

Did you raise a concern or make a complaint about your treatment?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what was the nature of your concerns/complaint?

Who did you raise the concern or complaint with?

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IF YOU HAD A CONCERN BUT DIDN'T COMPLAIN

What was the nature of your concern(s)?

Why did you not raise your concern(s) at the time?

Did anything prevent you from raising your concern(s)?

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ANY OTHER INFORMATION

Please provide any additional information which you feel will be of relevance to the Inquiry.

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CHECKLIST

I have enclosed the following: -

	Tick
Completed questionnaire	
Supporting information (Copies only)	
Additional sheets (if needed)	

CONTACT DETAILS

Name	
Address	
Telephone No.	
Email	

SIGNATURE

Signed

___/___/2018



Date

INDEPENDENT NEUROLOGY INQUIRY

Return questionnaire to:-

Independent Neurology Inquiry
106 University Street
Belfast
BT7 1EU

Contact us

	Telephone 028 9025 1133
	Email info@neurologyinquiry.org.uk