

Axis Injury Management Customer Satisfaction Survey

Who was the Rehabilitation Consultant that you dealt with? _____

Please indicate your agreement or disagreement with the statements below by marking the appropriate box:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Rehabilitation Consultant was easily contactable and responded to any enquiries promptly					
The Rehabilitation Consultant communicated effectively with all parties (verbal/written)					
The Rehabilitation Consultant appeared knowledgeable and acted with professionalism					
The Rehabilitation Consultant supported the development and implementation of the Return to Work Program					
The Rehabilitation Consultant made a positive contribution to the Return to Work Program					
I would recommend Axis Injury Management to others / refer to Axis Injury Management again in the future					

Please provide any additional feedback for improving our service delivery:

Would you like further information / referral resources forwarded to you regarding Axis Injury Management?

Yes

No

Comments: _____

Would you like to be contacted by a Member of the Management Team at Axis Injury Management for a confidential discussion regarding your feedback?

Yes

No

Thank you for your assistance.

Name: _____

Date: _____