CONSUMER SATISFACTION SURVEY		home and community care	
		PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED	WWHS
Thank you for using this allied heat at West Wimmera Health Service. T be offered within the three local Shir If you have any concerns or questio Health and Community Programs, V	he provision of Occupational The es of West Wimmera, Hindmarsl ns about this survey please conta	erapy and Physiotherapy is nov h and Yarriambiack. act Martha Karagiannis, Manag	w able to ger, Allied
To assist us in evaluating this service ca in the envelope provided. Your response purpose of reviewing this HACC service page or add a page.	e is strictly confidential and non i	dentifiable - it will only be used	for the
1. Which service did you receive? <i>Please tick the appropriate box.</i>	Occupational Therapy	Physiotherapy	
2. Who referred you to this service?	My local Shire	My local Health Service	
3. Did this service meet your expecta	tions? Yes No		
Please write down any suggestions you	have for improving this service:		
Please tell us what you valued about th	is service:		
4. Did the therapy improve the proble	em you were referred for? ase explain what didn't work for	you:	
5. Are there other allied health servic Yes No ↓ If yes - what other services would you li Podiatry Counselling Spe		community?	
Other - please write down:			
How far do you currently need to travel			
6. Which town do you live in:			
Thank you for completing thi	s survey - please post it in the re	ply paid envelope to:	

WHY Project, West Wimmera Health Service