

## Axis Injury Management Customer Satisfaction Survey

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

	Strongly Agree	Agree	Mostly Agree	Disagree	Strongly Disagree
The Rehabilitation Consultant was easily contactable and responded to my enquiries promptly					
The Rehabilitation Consultant communicated effectively with me (verbal/written) and kept me informed of relevant information					
The Rehabilitation Consultant appeared knowledgeable and acted with professionalism					
The Rehabilitation Consultant supported me in developing and implementing the Employee's Return to Work Program					
The Rehabilitation Consultant made a positive contribution to our Employee's Return to Work Program					
I would refer to Axis Injury Management again in the future					

Please provide any additional feedback on how you would prefer Axis Injury Management to work with you in the future and any recommendations for improving our service delivery.

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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 / Signature: ..... Date: .....

**Please return to Scot Weeks Managing Director Axis Injury Management in the self addressed envelope enclosed or fax to (02) 4927 1677.**