



Dermatology Photo Triage Pathway – Patient Experience Survey

Please complete this form after you have received the final outcome from your referral.

We would appreciate if you would share your experience of the Dermatology Photo Triage referral pathway by completing this survey.

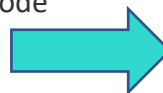
Taking part in this survey is completely **confidential**.

Section 1 is about your initial appointment with your GP. Only complete **Section 2** if you had to attend hospital. Your GP will advise you if you need to attend.

Please return the survey in the **FREEPOST** envelope provided.

or

This survey is also available to complete online – scan the QR code using your mobile device, which will direct you to the survey.



Dermatology Photo Triage Patient Experience Survey

SECTION 1:

1. Please confirm the name and address (if known) of the GP Surgery you attended for your appointment: *(Required)*

GP Surgery Address

Postcode (if known)

2. Was this your first time using the Dermatology Photo Triage service? *(Required)*

Yes ☐ No ☐

3. Was the pathway explained to you? *(Required)*

Yes ☐ No ☐

Comments:

4. Were you given a Photo Triage information leaflet? *(Required)*

Yes ☐ No ☐

5. Did you receive a letter to advise what had happened to your GP referral?

(Required)

Yes ☐ No ☐

SECTION 2:

6. Did you have to attend the hospital for a further appointment? *(Required)*

Yes ☐ No ☐

7. What was the outcome of your hospital appointment? *(Required)*

Please select all that apply

- ☐ Medication for your skin lesion/mole
- ☐ Advice on how to manage your skin lesion/mole
- ☐ Biopsy of your skin lesion/mole
- ☐ Surgical removal of your skin lesion/mole

8. Would you be happy to use this service again? *(Required)*

Yes ☐ No ☐

9. Is there anything that could be improved with the pathway?

Comments: (Please provide any additional comments)