

Injury Scale Value medical assessment feedback form

Please provide feedback on your recent experience of an Injury Scale Value (ISV) medical assessment. This will help us to identify any areas for improvement.

It will take less than 5 minutes to complete. We do not require any personal identifying details. All of your answers will remain confidential. *If you need more space, please use the back of this form.*

You must have attended your ISV medical assessment before providing your feedback.

1.	I understood the purpose of the ISV medical assessment.												
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree								
2.	I think the time betw assessment was rea	ISV medical											
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree								
3.	What was the date of your ISV medical assessment?												
4.	How long was your ISV medical assessment appointment? (Please state in minutes)												
5.	Did you feel the ISV appointment was lo		☐ Yes	□ No									
6.	My accident and medical history were discussed or used as part of the ISV medical assessme												
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree								
	I was comfortable with the doctor.												
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree								
8.	Please let us know i	f you have any	suggestions to ir	mprove the ISV me	dical assessment process								
9.	Please provide any	other comment	s about the ISV r	nedical assessmen	t process.								
					·								



Would you like the MAIAS Administrator to contact you to discuss your feedback?

- ☐ Yes, please enter details below
- No

If yes, please enter your name and the contact details:

Name:	 	 	 	 	 	
Email:	 	 	 	 	 	
Phone:	 	 	 	 	 	

When completed, please return to MAIAS Administrator, GPO Box 1095, ADELAIDE SA 5001 or email to <u>MAIAS@sa.gov.au</u>. Thank you for providing your feedback