

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 between the appointment being made to the date of the ISV medical assessment was reasonable.
 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 medical assessment appointment was long enough? Yes No

6. My accident and medical history were discussed or used as part of the ISV medical assessment.
 Strongly agree Agree Neutral Disagree Strongly disagree

7. I was comfortable with the doctor.
 Strongly agree Agree Neutral Disagree Strongly disagree

8. Please let us know if you have any suggestions to improve the ISV medical assessment process.
.....
.....
.....

9. Please provide any other comments about the ISV medical assessment process.
.....
.....
.....

*When completed, please return to
MAIAS Administrator, GPO Box 1095, ADELAIDE SA 5001 or email to MAIAS@sa.gov.au.*

Thank you for providing your feedback