

Patient Satisfaction Survey

We would appreciate your feedback regarding your visit. Please fill out the attached questionnaire and place it in the suggestion box at the front door.

Please indicate your level of satisfaction in the following areas:

	VERY SATISFIED _____			DISSATISFIED	
PHYSICIAN/PHYSICIANS ASSISTANTS	1	2	3	4	5
NURSING	1	2	3	4	5
PHARMACY	1	2	3	4	5
LABORATORY	1	2	3	4	5
FRONT OFFICE	1	2	3	4	5
CONVENIENCE	1	2	3	4	5
FRIENDLINESS OF STAFF	1	2	3	4	5

Is the Health Clinic meeting your expectations of confidentiality with your medical records and during your visit? Yes _____ No _____

Does the pharmacy meet your needs? Yes _____ No _____

Do the Health Clinic Physicians and Physicians Assistants spend adequate time with you? Yes _____ No _____

Would you recommend our services to your fellow students? Yes _____ No _____

How does the Health Clinic compare to your hometown physicians office? **BETTER** _____ **EQUAL** _____ **WORSE**
1 2 3 4 5

Suggestions _____

Sign your name if you would like a response.