



# Acute Family Medicine Clinic

acutefamilymedicine.com

Please circle the response that best describes how you feel about each statement. When complete, please fold the paper in half, tape the free edge and mail to us. Thank you.

**How satisfied are you with the ease of getting an appointment by telephone?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the parking?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the overall comfort and cleanliness of the Clinic?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the friendliness and helpfulness of the staff at the reception area?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the time you wait to be called back to the exam room once you have checked in at the reception desk and completed required paperwork.**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the friendliness and helpfulness of the medical technicians and nurses?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the physician, nurse practitioner, or physician assistant?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**How satisfied are you with the fees you were charged for the services, and the billing process?**

Very Satisfied      Satisfied      No Opinion      Dissatisfied      Very Dissatisfied      N/A

**Please indicate the name(s) of any staff person who you would like to commend, and why.**

**If you feel we fell short in meeting your service expectations, please describe the situation, including the name of the staff person involved.**

**As a result of your experience with us, what improvements can you recommend?**

Date:

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