

Patient Survey

In an effort to improve our services we would appreciate you completing our confidential patient survey. Thank you in advance!

HOW ARE WE DOING...

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Not Applicable
1. How satisfied are you in making an urgent appointment within 1-2 days at your Dr. Office/Family Health Team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you in making a non-urgent appointment at your Dr. Office/Family Health Team? (For example- physicals etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with your provider being responsive to your cultural and language needs at the Dr. Office/Family Health Team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you visit your doctor or nurse practitioner how often do they or someone else in the office involve you as much as you want in the decisions about your care and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you!

We appreciate any feedback you may have. Please enter it below.

