

**PATIENT FEEDBACK SURVEY**

As a clinic we are continually trying to improve our services, and to do this it would be helpful if you would take a moment to complete this short questionnaire.

**Was your appointment reminder and directions to the clinic helpful?**

- Yes
- No
- Suggestion: \_\_\_\_\_

**Was your appointment on time?**

- Yes
- No
- Suggestion: \_\_\_\_\_

**Did the staff treat you cordially?**

- Yes
- No
- Suggestion: \_\_\_\_\_

**Were the clinic rooms adequate for cleanliness?**

- Yes
- No
- Suggestion: \_\_\_\_\_

**Overall, did your experience appropriately meet your needs?**

- Yes
- No
- Suggestion: \_\_\_\_\_

**Were your questions adequately dealt with?**

- Yes
- No
- Suggestion: \_\_\_\_\_