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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?
Were the clinic rooms adequate for cleanliness?
□ Yes
☐ Yes ☐ No
□ Yes
☐ Yes ☐ No
☐ Yes ☐ No ☐ Suggestion:
☐ Yes ☐ No ☐ Suggestion: ☐ Overall, did your experience appropriately meet your needs?
☐ Yes ☐ No ☐ Suggestion: ☐ Overall, did your experience appropriately meet your needs? ☐ Yes
 Yes No Suggestion: Overall, did your experience appropriately meet your needs? Yes No Suggestion:
 Yes No Suggestion: Overall, did your experience appropriately meet your needs? Yes No Suggestion: Were your questions adequately dealt with?
 Yes No Suggestion: Overall, did your experience appropriately meet your needs? Yes No Suggestion:

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