Healthcare Patient Experience Survey

Patient Information

Name	
Age	
Gender	
	_
Vour Experience	
Your Experience	
How would you rate your overall experience?	
C Excellent C Good	
C Average	
C Poor	
How satisfied were you with the following?	
Staff Courtesy	
	_
Cleanliness	
	<u>_</u>
Waiting Time	
waiting fiftie	~
	<u> </u>
Provider Communication	
What could we do to improve your experience?	
Additional Comments	
Additional Comments	
Please share any other comments or suggestions:	