

CLINIC NAME HERE

Our clinic continually strives to maintain and deliver the highest quality of care to our patients. We also want to improve whenever possible. One of our most helpful tools is honest feedback from patients about their experience in our clinic and their impression of their health plan. Please take a few moments to complete this questionnaire.

Please rate our facility, staff, and services, and then rate your health plan. Completely fill in the bubble for the appropriate response next to each question.

Please note that answers will be kept completely confidential

	Excellent		Average		Very Poor	N/A
ABOUT OUR CLINIC						
1. Comfort and cleanliness of our facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABOUT OUR FRONT OFFICE STAFF						
2. Helpfulness of our staff, both on the telephone and in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Timeliness of scheduling your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Rate our office staff on demonstrating a compassionate and caring attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABOUT YOUR CLINICIAN						
5. Rate your clinician on demonstrating a compassionate and caring attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Clinician's willingness and ability to clearly answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Clinician provided helpful resources/ information regarding your condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABOUT YOUR EXPERIENCE						
8. Satisfaction with your progress during treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLINIC RECOMMENDATION						
	Extremely likely		Neutral		Not at all likely	
9. How likely are you to recommend the facility to a friend or colleague?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Is there anything that we do especially well or that we can do to improve?

	Excellent		Average		Very Poor	N/A
RATE YOUR INSURANCE COMPANY (i.e. customer service, coverage, benefits, co-pays)						
11. Satisfaction with your insurance company's service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Satisfaction with the coverage/ benefits provided by your insurance company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please send response to: CareConnections
16083 SW Upper Boones Ferry Rd, Ste. 300
Tigard, OR 97224

This clinic subscribes to CareConnections, an independent quality monitoring and management service. If you would like more information, please visit www.careconnections.com.

CLINIC ID NUMBER:

OFFICE USE ONLY: Reviewer's Initials _____

