

# Clinic Appointment Experience Survey

Please help us improve our services by completing this short survey.

Date of your visit

Name of Provider (optional)

How did you schedule your appointment?

Phone    Online    Walk-In    Other

How would you rate the waiting time?

Select

Rate the following aspects:

Courtesy of staff

Select

Communication from provider

Select

Cleanliness of clinic

Select

Would you recommend our clinic to others?

Yes    No

Additional comments or suggestions

Your feedback