

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?

Rate the following aspects:

Courtesy of staff

Communication from provider

Cleanliness of clinic

Would you recommend our clinic to others?

☐ Yes ☐ No

Additional comments or suggestions