

Patient Satisfaction Survey:

Please tell us what you think about Madison Family Clinic and the patient care you have received there. We welcome all of your comments and suggestions.

Please let us know:

Activity	Excellent	Satisfactory	Unsatisfactory
Active Listening by Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Skill & Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care Follow Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Cleanliness & Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enter your comments in the space provided below:

Thank you for your feedback! Please let us know how to contact you:

Name	
Email	
Phone	
Mobile	

Please contact me as soon as possible regarding this matter.