

Experience with your Physician and Health Outcomes



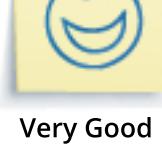
Dear Patient,

Interactive Health Clinic wants to ensure patient satisfaction by providing the best quality of care. Your feedback is valuable to us. If you could take some time out to complete the following survey, it would help us to improve our services and ensure that we meet your expectations.

How Was Your Overall Experience?



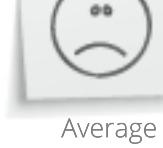
Excellent



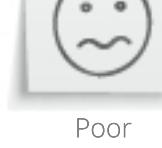
Very Good



Good



Average



Poor

Do you feel that the physician listened well to your particular requirements and/or concerns?

Excellent

Very Good

Good

Average

Poor

Were you given adequate time to consider your treatment?

Excellent

Very Good

Good

Average

Poor

Were your options communicated well to you by your physician?

Excellent

Very Good

Good

Average

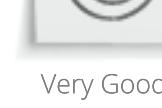
Poor

Experience with Dr. Stephen

Level of trust in provider's decisions?



Excellent



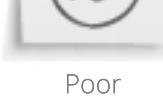
Very Good



Good



Average



Poor

Would you recommend your physician to your friends and family?

Excellent

Very Good

Good

Average

Poor

Thing you liked the most

One suggestion for improvement

Other comments (if any)

Thank you for your input.

We will use this information to provide better care for our patients. In case of any questions/queries, please feel free to contact us on xxx-xx-xxxx

SUBMIT