PFC ASSOCIATES LLC
Police & Fire Clinic

# Patient Satisfaction Survey

*It is important for us to know how we are doing and if there are areas for improvement.*
*Please circle how you would rate the following areas.*

1. Check-in & out Experience — Excellent — Good — Fair — Poor
2. Patient Care by Staff — Excellent — Good — Fair — Poor
3. Patient Care by Providers — Excellent — Good — Fair — Poor
4. Clinic overall-Care & Services — Excellent — Good — Fair — Poor

Additional Comments: _____

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Department: _____ Today's Date: _____

Would you like a follow-up call? Yes or No if so, complete below:

Name: _____ Phone# _____

Thank you for your feedback and have Fantastic Friday.