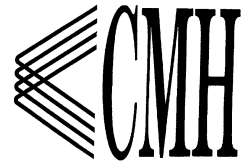


COMMUNITY MEMORIAL HEALTHCENTER



We want your feedback!!
Please take a moment and share your experiences with us.

2013 Clarksville Primary Care Center

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous.

Please circle the answer that best fits each question.

1. Which provider did you visit?

Christopher Imber, MD

Holly Wilson, NP

2. I find getting through to this office by phone easy to do.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

3. I find that getting an appointment is easy and convenient?

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

4. The staff was courteous (polite, considerate, etc.) to me over the phone.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

5. My registration was handled efficiently and courteously (polite, considerate, etc).

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

6. I feel that my wait time between the waiting room, exam room, and check-out was reasonable.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

7. My overall impression is that this is a neat and clean office.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

8. I was provided the privacy I needed (ie. Staff knocked before entering the exam room).

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

9. The staff introduced themselves to me.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

10. The staff thoroughly explained things (tests, procedures, etc.) to me.

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

11. The care I received from the staff was good. (They responded to my needs as a patient).

Strongly Agree

Agree

Tend to Agree

Tend to Disagree

Strongly Disagree

12. The physician/provider was courteous (polite, considerate, etc.)

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

13. The Physician/provider thoroughly explained things (tests, procedures, etc.)

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

14. I feel the physician/provider spent enough time with me.

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

15. The care I received from the physician/provider was good.

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

16. I (or my family) was given information about how to care for myself at home.

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

17. Overall, I am pleased with the quality of care provided at CMH's Physician Practice.

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

18. I would recommend CMH's Physician Practice to my family & friends.

Strongly Agree Agree Tend to Agree Tend to Disagree Strongly Disagree

19. What is your age?

17 & under 18-39 40-64 65 or older

20. What is your gender?

Female Male

21. What is your Race?

Caucasian _____ African- American _____ Hispanic _____ Other (please specify) _____

22. Please tell us how you heard about our practice. Please circle all that apply.

1. Newspaper Advertisement
2. Radio
3. Friend
4. Other Physician's Office – Dr. _____
5. Internet
6. Brochure
7. Family Member
8. Other (please specify) _____

23. Is this your first visit? _____ Or are you a return patient? _____

24. What Zip Code do you reside in? _____

What did you like best about our office?

What did you like least about our office?

Do you have any suggestions for improvement or additional comments you'd like us to know about?

If you would like to receive emails regarding Community Memorial Healthcenter's upcoming events, new services, and programs, please include your email below:

Email:

Thank you for your feedback!!