

How Are We Doing?

Please take a few moments to fill out this form while you are waiting.

Please fold and drop completed form into our patient comment box

Thank you!

The doctors and staff at:

LAKESHORE CLINIC

Date: _____ Which provider did you see? _____

What kind of experience did you have when visiting the clinic today?

What could we have done better to help meet your needs?

			<i>If you checked "no" please explain</i>
Was the reception staff helpful and courteous?	Yes	No	_____
Was the doctor/provider/nurse team helpful and courteous?	Yes	No	_____
Did you have to wait more than 15 minutes to see your doctor?	Yes	No	_____
Is the office clean, comfortable and professional in appearance?	Yes	No	_____
Is the telephone answered promptly?	Yes	No	_____

If you would like us to get back to you, please include your name and phone number.

Name: _____ Phone Number: _____