

ECO Family Health Center, Inc.

*Dear Patient: Please tell us your opinion about the service you received. Your responses will be kept strictly confidential.*

**Date of Visit:** \_\_\_\_\_

**Are you:**  A New Patient  A Returning Patient

**Address of service location:**  Wetumka, OK  Henryetta, OK  Wewoka, OK

**Provider:**

<input type="radio"/> Dr. Hetlevia Vilar-Jensen, MD	<input type="radio"/> Brack Guthrie, APRN-CNP	<input type="radio"/> Christie Kopidlansky, APRN-CNP	<input type="radio"/> Korey Taylor, APRN-CNP
<input type="radio"/> John Manning, APRN-CNP	<input type="radio"/> Rebecca Helms, APRN-CNP	<input type="radio"/> Tamara Sadler, APRN-CNP	<input type="radio"/> Leslie Hughes, APRN-CNP
<input type="radio"/> Dr. R. Hunter Chowins, DMD	<input type="radio"/> Michael Burnside, LPC/LADC	<input type="radio"/> Rachel Lindemann, LPC/LADC	<input type="radio"/> JoAnna Schmidt, LCSW
<input type="radio"/> Ashlee Graham, PA	<input type="radio"/> Alina Messick, PA		

**PLEASE RATE THE FOLLOWING:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>A. YOUR APPOINTMENT:</b>						
1. Ease of making appointments by phone						
2. Appointment available within a reasonable time						
3. The efficiency of the check-in process						
4. Waiting time in the reception area/ exam room						
5. Ease of getting a referral when you needed one						
<b>B. OUR STAFF:</b>	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. The friendliness and courtesy of the receptionist						
2. The caring concern of our nurses/medical assistants						
3. The professionalism of our lab or x-ray staff						
<b>C. OUR COMMUNICATION WITH YOU:</b>	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Your test results reported in a reasonable amount of time						
2. Effectiveness of our health information materials						
3. Our ability to return your calls in a timely manner						
4. Your ability to obtain prescription refills						
<b>D. YOUR VISIT WITH THE PROVIDER:</b> <small>(Doctor, Physician Assistant, Nurse Practitioner, Dentist, Dental Hygienist)</small>	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Taking time to answer your questions & explain						
2. Amount of time spent with you						
3. Instructions regarding medication/follow-up care						
4. The thoroughness of the examination						
5. Advice given to you on ways to stay healthy						
<b>E. OUR FACILITY:</b>	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Hours of operation convenient for you						
2. Overall comfort						
3. Adequate parking						
4. Signage and directions easy to follow						
<b>F. YOUR OVERALL SATISFACTION WITH ECOFHC:</b>						

HAVE YOU DELAYED APPOINTMENTS BECAUSE YOU CAN'T AFFORD OUR FEES?  Yes  No

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS?  Yes  No IF NO, PLEASE TELL US WHY: \_\_\_\_\_

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT: \_\_\_\_\_