

Clinic Client Experience Card

Region: Central West

Clinic: _____



Date completed: _____ Time of the day: _____

Please check the most appropriate circle:

	Exceeded my Expectations	Met my Expectations	Opportunity for Improvement
Clinic Cleanliness	☐	☐	☐
Convenience of appointment times	☐	☐	☐
Waiting time for service	☐	☐	☐
Courtesy of staff	☐	☐	☐
Quality of Services	☐	☐	☐
Overall Experience	☐	☐	☐

If you checked "Opportunity for Improvement" please tell us more:

Thank you for completing this questionnaire!

If you would like to talk to us about your experience, please contact:
The Health Services Supervisor at **1.866.471.3142** or **905.826.0854**,
or visit us at **www.saintelizabeth.com** under "contact us" tab.

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If you would like us to contact you, please provide your information below:

Name: _____

Phone Number or E-mail address: _____

www.saintelizabeth.com