Clinic Client Experience Card

Region: NSM

Clinic: _____

Saint Elizabeth
Well beyond health care

Date completed: _____ Time of the day: _____

Please check the most appropriatre 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 **705.737.5055** or **1.888.737.5055**,
or visit us at **www.saintelizabeth.com** under "contact us" tab.

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

Name:_____

Phone Number or E-mail address: _____

www.saintelizabeth.com