

# Kidney Care Specialist of Michigan.

## Patient Satisfaction Comment Card

Today's Date: \_\_\_\_\_

Please rate the overall quality of the care and services that you received during this visit.

- Excellent
- Very Good
- Good
- Fair
- Poor

Were you treated with courtesy and respect by the Physician?

- Yes
- No

Name of Physician: \_\_\_\_\_  
(optional)

Were you treated with courtesy and respect by the Staff?

- Yes
- No

Name of Staff: \_\_\_\_\_  
(optional)

Were all questions regarding your healthcare issues answered?

- Yes
- No

Was the wait time satisfactory?

- Yes
- No

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What improvements do you suggest?

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Other comments?

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Please feel free to let us know at any time what we can do to make your experience better. Thank you for granting us the opportunity to serve you.

While the questions on this brochure are focused on the patient, suggestions from family and friends are always welcome.

Please complete this section if you would like a call back for any concern.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone  
Day \_\_\_\_\_

Evening \_\_\_\_\_

Cell Ph. \_\_\_\_\_

If you are not a patient  
Your name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone  
Day \_\_\_\_\_

Evening \_\_\_\_\_

Cell Ph. \_\_\_\_\_