GMG

GARDENS MEDICAL GROUP

PATIENT FEEDBACK FORMS

Date: _____

Type of feedback: ☐ Compliment ☐ Complaint

Name: _____

Address: _____

_____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Relationship to Patient:

☐ Self ☐ Spouse ☐ Parent ☐ Dependent Child ☐ Legal Guardian

Nature of your comment:

Please check the boxes below which best describe the nature of your comment; provide details on the next page.

Complaint:

Date incident occurred: _____

- ☐ Substandard Care (e.g. misdiagnosis; negligent treatment; delay in treatment; etc)
- ☐ Unprofessional Conduct (e.g. breach of privacy; record alteration; provider impairment; etc)
- ☐ Office Practice (e.g. inattentive; rude or abusive behavior; failure to adequately address patients needs; etc)
- ☐ Substandard Facilities or Equipment (e.g. cleanliness concerns; cluttered; equipment inoperative; etc)
- ☐ Scheduling or Appointment Issues (e.g. difficulty scheduling; not timely; etc)
- ☐ Prescribing Issues (e.g. medication errors; over/under prescribing; failure to respond; etc)
- ☐ Other: _____

Narrative Comments (please be as clear and concise as possible; use extra pages if necessary):

_____

_____

_____

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_____

Please Turn Over

GMG

GARDENS MEDICAL GROUP

_____

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Compliment:

- ☐ Quality of Medical Care
- ☐ Staff Assistance/ Support
- ☐ Caring & Compassionate
- ☐ Friendly & Courteous Staff
- ☐ Outstanding Customer Service
- ☐ Timely Problem/ Issue Resolution
- ☐ Superior Facilities
- ☐ Other _____

Narrative Comments (please be as clear and concise as possible; use extra pages if necessary):

_____

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Regarding this comment I wish to be contacted: ☐ Yes ☐ No

Our C.E.O will respond to your feedback.

Signature: _____

Filing a compliment or complaint is strictly voluntary. Information submitted on this form is treated confidentially.