



Patient Satisfaction Survey

River's Bend, PC requests your help. Please complete the following Customer Satisfaction Survey based on your experience with our organization. Thank you for your time.

This form was completed by:

Child or Teen

Parent or Caregiver of Patient

Adult Patient

Age of Patient/Client:

0-5 years

6-12 years

13-17 years

18-25 years

26+

1. River's Bend, PC staff was warm and welcoming.

Strongly Disagree

Disagree

Agree

Strongly Agree

2. The clinic was clean, well-kept and comfortable.

Strongly Disagree

Disagree

Agree

Strongly Agree

3. Scheduling appointments was fairly easy.

Strongly Disagree

Disagree

Agree

Strongly Agree

4. Calls and all communication returned in a timely fashion?

Strongly Disagree

Disagree

Agree

Strongly Agree

5. Were you part of identifying your needs in treatment and establishing goals of treatment?

Yes

No

6. Do you feel your goals were met?

Yes

No

7. Did we coordinate with the outside providers as/if requested?

Yes

No

Comments: