



Patient Feedback Form

Name:

E-mail:

Name of Provider:

Do you feel the physician/advanced practice provider listened to your health concerns?

- Excellent
- Ok
- Disappointing

Comments:

Do you feel the physician/advanced practice provider created an effective care plan upon your dismissal?

- Excellent
- Ok
- Disappointing

Comments:

Did the physician/advanced practice provider explain things in a way you could easily understand?

- Excellent
- Ok
- Disappointing

Comments:

Overall, how do you feel your physician/advanced practice cared for you?

- Excellent
- Ok
- Disappointing

Comments:

Were all your questions answered adequately?

- Excellent
- Ok
- Disappointing

Comments:

Additional Comments:

Your Privacy Options (please select one):

- I authorize Premier Hospitalists of Kansas to share this comment using my name.
- I authorize Premier Hospitalists of Kansas to share my comment anonymously.
- Please keep my comments confidential.