Person:_____________________________________
Date of Appointment:_________________________
Appointment: _________________________________________________

1. The front desk people were friendly and talked to me.
2. I didn’t have to wait a long time
3. The doctor talked to me, was nice and answered my question
4. I am happy with this appointment
5. I like this doctor and want to see them again

6. I went to the Doctor today because (understands reason for appointment):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

COMMENTS:______________________________________________________________
________________________________________________________________________

Signature of who helped me with this evaluation:_________________________________________
MEDICAL ENCOUNTER

STAFF EVALUATION

Person: ____________________________

Medical Provider: ____________________________

Time of Appointment: ____________ AM/PM

1. Arrival Time: ____________ AM/PM

2. Wait Time: ____________ (# minutes)

3. Time left providers office: ____________ AM/PM

How would you rate the following

<table>
<thead>
<tr>
<th></th>
<th>AWFUL</th>
<th>NOT VERY GOOD</th>
<th>GOOD</th>
<th>REALLY GOOD</th>
<th>BRILLIANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Friendliness/ service front desk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Wait time</td>
<td></td>
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<tr>
<td>6. Manner in which provider showed respect, kindness and involved person (talked to the person)</td>
<td></td>
<td></td>
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<tr>
<td>7. Overall opinion of appointment</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

8. Additional comments/explanation of low ratings:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature of who helped me with this evaluation: ____________________________