

Your opinion matters. At Sacred Heart Urgent Care, we strive for customer service excellence by reviewing how we can change the way we do things to meet our customer's needs. We need your feedback to be able to review our systems and services. Please take five minutes of your time to answer the survey's questions, secure with tape and drop the postage paid survey in the mail or fax to (850) 434-7425. THANK YOU FOR YOUR TIME.

Access of Care

Very Satisfied

Satisfied

Very Dissatisfied

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Ease of contacting front desk to schedule services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Length of time between employee entering clinic and discharge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clinic location is convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Communication

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Received timely information on diagnosis and work status. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Able to have timely answers to questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Staff friendly and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Doctors friendly and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Quality of Service

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Follow through of office staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Timeliness of specialist and/or testing referrals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Outcomes of the medical care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Service prices are competitive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Satisfaction

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overall, how would you rate the health care provided by the clinic? | Excellent | Good | Fair | Poor |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Would you recommend the Urgent Care clinic to your peers? | Definitely Yes | Probably Yes | Probably No | Definitely No |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Position

- Human Resources
 Adjuster
 Owner
 Safety/Risk Management
 Case Manager

Comments:



**Sacred Heart
Occupational Health Strategies**



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IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7 PENSACOLA, FL

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: Sacred Heart Occupational Health Strategies
Sacred Heart Hospital
P O Box 2700
Pensacola FL 32513-9986

