

Are you: The Patient Patient's parent or guardian Patient's spouse Friend or Relative
circle one

Was this your first visit? Yes No

Sex of Patient Male Female

Age of Patient _____

Patient's ZIP CODE _____

Do you have any other comments?

Thanks again for taking the time to help us! Your responses are important to us, and we'll consider your suggestions as we improve the services we provide to you, our customers. If you would like us to respond personally to your concerns or comments, please PRINT your name, address and phone number below so that we may contact you.

Name _____ Address _____ Phone _____

You Make A Difference To Us!

This survey has been handed to you by _____.

If you have any questions or think I can be of assistance, please feel free to contact me at 265-2211, ext. _____.

Northern Montana Hospital OUTPATIENT Satisfaction Survey

**** PLEASE USE TAPE TO SEAL -- DO NOT STAPLE!****