

Hidalgo Medical Services Satisfaction Survey

Clinic: Lordsburg Animas Med Square Cobre Mimbres Cliff Date: _____
(Circle the clinic you are currently at)

Date of Birth: _____ Gender:(circle one) Male/Female Insurance?: YES NO
I was offered Sliding Fee at the time of my appointment YES NO
I was asked to pay my co-pay at the time of my visit YES NO

You are important to us. We value your opinion. Please put an X in the box that best fits the care you feel you received. Please use the area provided for your comments. Your response is greatly appreciated. Please place completed survey in box. Thank you.

Access to Care	Same Day	1-7 Days	8-14 Days	15-30 Days	31 days or longer
The number of days you had to wait for your appointment to receive care					

Front Office Staff	Excellent	Very Good	Average	Poor	Very Poor
The courtesy and respect shown to you by our reception staff was...					
The assistance you received in answering your questions					

Please circle the area of service you came to our clinic for:

Medical Dental Behavior Health Ancillary: Lab/X-ray

Please list the Provider or name of the person you are here to see:

Promotoras/CHW
La Vida classes
Medication Assistance Program

Waiting Time	10-15 minutes	15-30 minutes	30-45 minutes	1 hour	Over 1 hour
The amount of time you waited in the waiting room until you were seen was...					

Clinic Staff/Ancillary	Excellent	Very Good	Average	Poor	Very Poor
The way the Provider explained things so that you could understand was...					
The way the Nursing staff explained things so that you could understand was...					
The way the staff member you spoke with explained things so that you could understand was...					

Quality of Care	Excellent	Very Good	Average	Poor	Very Poor
The care I received was...					

Would you recommend our clinic and or its services to your family and or friends? YES NO

Comments: _____

