

**PATIENT COMMUNICATION FORM**  
**(Suggestions, compliments, and/or complaints)**

In an effort to respond to student concerns and suggestions, the Student Health Advisory Committee (SHAC) created this form for you to express complaints, suggestions, compliments, and/or concerns about UMD Health Services. Please take a few minutes to fill one out. If you would like someone to get back to you about your concern, be sure to write your name, address, and phone number. This information is optional if you do not wish to be contacted. **Return this form to the box at the Nurses Station, give it to a receptionist, or drop it in campus mail addressed to Health Services. Thank You.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurer \_\_\_\_\_

When is the best time to reach you?

Concern or Comment:

There were probably several possible aspects to your care at Health Services. Please check all the items below that reflect your experience here:

\_\_\_\_\_ You were seen within 20 minutes of your appointment time.

\_\_\_\_\_ You were treated respectfully.

\_\_\_\_\_ Information concerning your visit was treated confidentially.

\_\_\_\_\_ The receptionists seemed friendly and made you feel comfortable.

\_\_\_\_\_ The doctor/nurse/ or nurse practitioner provided medical information without being asked.

**\*\* continued on other side \*\***

- \_\_\_\_\_ The doctor/nurse/ or nurse practitioner gave you an opportunity to ask questions.
- \_\_\_\_\_ The intended use and effects of medications were explained to you.
- \_\_\_\_\_ The doctor/nurse/ or nurse practitioner explained what he/she was looking for while examining you.
- \_\_\_\_\_ The counselor responded to your concerns.
- \_\_\_\_\_ You were satisfied with the services you received.
- \_\_\_\_\_ What other positive experiences can you recall?

Thank you very much for your help.

01/05

-----  
For clinic use only

Staff \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Review Date (Management Committee)

\_\_\_\_ Review Date (SHAC)

\_\_\_\_ Investigation:

\_\_\_\_ Action:

Patient Follow-Up (attach copy if written, summarize phone conversation)