

PATIENT COMMUNICATION FORM
(Suggestions, compliments, and/or concerns)

In an effort to review and respond to students' compliments, suggestions and concerns, the Student Health Advisory Committee (SHAC) created this form for you to tell us about your experience at UMD Health Services. Please take a few minutes to complete this form. If you would like someone to get back to you about your experience, be sure to write your name, address, and phone number in the space provided. **Please return this form to UMD Health Services: in person during our business hours; via email to: dmitchel@d.umn.edu; or, drop it in campus mail addressed to UMD Health Services, 615 Niagara Court.**

Thank You.

1. Optional (we will contact you if you fill out this top section):

Date: _____ Name: _____
Local Address: _____ Email: _____
Phone: _____ When is the best time to reach you?
Medical Insurer (if relevant to your concern; i.e. a billing issue): _____

2. Comment or concern:

3. There were probably several aspects to your care at Health Services. Please place an X next to all the items below that reflect your experience:

- ___ You were able to find our building and navigate within our building efficiently.
- ___ You were seen within 20 minutes of your appointment time.
- ___ You were treated respectfully and professionally by all staff.
- ___ Information concerning your visit was treated confidentially in all aspects of your visit.
- ___ The medical provider or counselor provided information/education regarding your condition or concerns.
- ___ The medical provider or counselor gave you an opportunity to ask questions.
- ___ You felt comfortable sharing information or concerns with the medical provider or counselor.
- ___ The doctor/nurse/ or nurse practitioner explained what he/she was looking for while examining you.
- ___ You were offered a prescription (if relevant) to be filled here or taken to a pharmacy.
- ___ The intended use and effects of medications were explained to you.
- ___ You were satisfied with the services you received.

Do you have any suggestions for improvement?

Please comment here:

4. Did you know that Health Services provides the following (place an X next to all that apply):

- | | |
|-------------------------------------|---|
| ___ Dispensary for some medications | ___ Vaccinations |
| ___ X-ray services | ___ Free birth control for qualifying students (4me@umd) |
| ___ Physical therapy | ___ Sexually transmitted infection testing and annual exams |
| ___ Counseling | ___ Involvement in health related student groups |

Thanks for your time. Your comments will help us to better serve our students.

For clinic use only

Staff Date: _____
_____ Review Date (Management Committee)
_____ Review Date (SHAC)
_____ Investigation, Action and Patient Follow-Up (attach copy if written, summarize phone conversation)