Form Approved
OMB Form No. 0917-0036
Expiration Date:

FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE

"WE CARE" Tell us how we did today!

Please rate the areas you visited today. FILL in the correct square. Comments may be written on the back. Providing personal information is voluntary and will only be used to contact you in order to respond to your complaints, inquiries or comments.

Which clinic did you visit? ☐ Poplar ☐ Wolf Point

Response Definition: 1 – Unsatisfactory; 2 – Below Average; 3 – Average; 4 – Above Average; 5 - Outstanding

	1	2	3	4	5	
Administration			☐	☐	☐	☐ ☐
Appointment Desk	☐	☐	☐	☐	☐	
Audiology			☐	☐	☐	☐ ☐
Behavioral Health	☐	☐	☐	☐	☐	
Benefits Coordinator	☐	☐	☐	☐	☐	
Business Office	☐	☐	☐	☐	☐	
Case Management	☐	☐	☐	☐	☐	
Purchased Referred Care (formerly CHS)	☐	☐	☐	☐	☐	
Dental	☐	☐	☐	☐	☐	
Information Desk / Switchboard	☐	☐	☐	☐	☐	
Lab	☐	☐	☐	☐	☐	
Medical Providers	☐	☐	☐	☐	☐	
Medical Clinic Nurses and Assistants	☐	☐	☐	☐	☐	
Medical Records	☐	☐	☐	☐	☐	
Optometry	☐	☐	☐	☐	☐	
Patient Registration	☐	☐	☐	☐	☐	
Pharmacy	☐	☐	☐	☐	☐	
Public Health Nursing	☐	☐	☐	☐	☐	
Radiology	☐	☐	☐	☐	☐	
Environment Appearance Outside / Inside	☐	☐	☐	☐	☐	

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"WE CARE" Tell us how we did today!

What Medical Team are you on? _____

How did your Team perform today? _____

Date of Service _____

Would you like to be contacted about any concerns? _____ Yes _____ No

Comments:

Name: _____

Address: _____

Phone: _____

BELOW THIS IS FOR INTERNAL USE ONLY

Date Received by Risk Management Department _____ Assigned Tracking Number _____

Date Referred on for further investigation _____ Date Investigation Completed _____

Referred to: _____

Date Returned to Risk Management Department _____ Complainant Contacted on _____

Date Closed _____ ☐ Phone ☐ Letter ☐ Email

Comments: _____

_____

_____

_____

_____

_____