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 Med	dical Team are you on?		
How did y	your Team perform today?		
Date of S	Service		
Would yo	ou like to be contacted about any concer	ns?Yes_	No
Commen	ts:		
Name:			
Address:			
Phone: _			
	REI OW/ THIS IS	S FOR INTERNAL USE ONLY	
	DELOW THIS IS	TOR INTERNAL OSE ONET	
Date Receiv	ved by Risk Management Department	Assigned 7	Fracking Number
Date Referr	red on for further investigation	Date Inves	stigation Completed
	:		
Referred to			
	ned to Risk Management Department	Complaina	int Contacted on
Date Returr	ned to Risk Management Department		nt Contacted on] Letter Email

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average three minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.