



HI-DESERT
 FAMILY HEALTH CLINICS
HI-DESERT MEMORIAL HEALTH CARE DISTRICT

FEEDBACK FORM

*Hi-Desert Family Health Clinics value YOU as a patient and want to ensure that your experience with our Clinic is the best that it can be. If you have received excellent service during your visit or over the telephone, please let us know! If you have received service that was not 100% to your satisfaction or did not meet or exceed your expectations, we need to know that too! Please use this form to let us know your feedback so that we may continually work toward providing you with the **BEST** possible care at Hi-Desert Family Health Clinics.*

My experience with Hi-Desert Family Health Clinics was: *(select one)*

- GREAT!!
 Good
 Just okay
 Not so good
 Bad

Let me explain....

I think the Clinic could be improved by....

I think the Clinic does a great job of....

Did someone specific make your day or visit a little better? Let us know who & why.

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My comments relate to the:
 Yucca Valley Clinic
 29 Palms Clinic
 Both

Would you like for someone to contact you about this experience?
 Yes
 No

(We will only contact you if you have selected "Yes" above. This information is completely voluntary otherwise)

Name Telephone Number

Email Address

SUBMIT