

**Fridley Children's and Teenagers' Medical Center (FCTMC)**  
**Patient/Family Feedback Form**

1. How did you first become aware of Fridley Children's and Teenagers' Medical Center (FCTMC)?
- Friend or relative
  - Another provider
  - Insurance directory
  - Advertisement
  - Internet search
  - Hospital
  - Other: \_\_\_\_\_

2. Please rate your experiences with our front desk staff (schedulers, check-in, medical records):  
**(1=poor, 3=average, 5=exceptional-please circle)**

1      2      3      4      5

3. Please rate your experience the the nursing/medical assistant staff:

**(1=poor, 3=average, 5=exceptional-please circle)**

1      2      3      4      5

4. Please rate your experience with your Provider: Name: \_\_\_\_\_

**(1=poor, 3=average, 5=exceptional-please circle)**

1      2      3      4      5

5. Please rate your experiences with the billing staff:

**(1=poor, 3=average, 5=exceptional-please circle)**

1      2      3      4      5

6. Please rate clinic conditions:

**(1=poor, 3=average, 5=exceptional-please circle)**

* Parking	1	2	3	4	5
* Waiting room	1	2	3	4	5
* Exam rooms	1	2	3	4	5
* Location	1	2	3	4	5
* Clinic hours	1	2	3	4	5

7. Overall service

**(1=poor, 3=average, 5=exceptional-please circle)**

1      2      3      4      5

8. What changes would you like to see us to make to improve our service to you:

9. We welcome your comments on specific employees or Providers who have been particularly helpful. We also appreciate your comments on specific employees or Providers, if any, who did not address your needs:

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***We appreciate your feedback! Thanks for choosing FCTMC as your child's provider!***

***This form can be:***

- *Returned to the front desk*
- *Mailed to: FCTMC*  
*500 NE Osborne Road-Suite 215*  
*Fridley, MN 55432*
- *Faxed to: 763-236-2710*