



NJ Craniofacial Center

Patient Feedback Form

As we strive to consistently improve our services at the NJ Craniofacial Center, we seek your sincere feedback. Please help us by taking a few minutes to answer the following questions:

1. Team asked and answered appropriate questions regarding patient's health history using words I can understand.

5=Strongly Agree 4= Agree 3=Neither Agree Nor Disagree 2=Disagree 1=Strongly Disagree

2. Team explained all tests that were ordered and treatment options.

5=Strongly Agree 4=Agree 3=Neither Agree Nor Disagree 2=Disagree 1=Strongly Disagree

3. Team referred me to the appropriate specialists.

5=Strongly Agree 4=Agree 3=Neither Agree Nor Disagree 2=Disagree 1=Strongly Disagree

4. Team treated me with courtesy and respect.

5=Strongly Agree 4=Agree 3=Neither Agree Nor Disagree 2=Disagree 1=Strongly Disagree

5. Were you happy with the follow up care you received?

Yes

No (please explain in space provided)

6. Is there anything our center can do to improve the care and services for you?

Yes

No (please explain in space provided)

7. Would you recommend this team to your family and friends?

Yes

No (please explain in space provided)

8. How did you hear about the NJ Craniofacial Center?

Thank you for taking the time to help us to improve in our effort to provide the best patient care possible!