



Redwoods Rural HEALTH CENTER

Family Health Care

Patient Feedback Form

All patient, family, or external customer input and/or concerns are confidential. This report and any attached documents are part of this practice's Quality Improvement program.

Name of Patient (or others involved): _____

Date: _____

Describe the nature of the feedback (use back of paper if needed): _____

Patient Recommended Solution (use back of paper if needed):

Signature of Patient: _____

Please submit the completed form to the fax number or mailing address at the bottom of the form.

Bottom Section for Office Use Only

Investigation, follow-up, and resolution: (use back of paper if needed): _____

Executive Director Signature: _____

Medical Director Signature: _____

For QI purposes, circle department connected to incident: Medical care Nursing care Reception/Front Office Billing Access to care Telephone problem Medical records Lab Radiology Other: _____

This is an internal form for office staff to document patient complaints. Do NOT file this form in the medical record. Maintain the form in a separate, confidential quality improvement (QI) file.