

CORNERSTONE

Psychological Associates, PLLC

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Boise, Idaho 83704

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Fax: (208) 373-0816

PATIENT SATISFACTION SURVEY

Dear Patient:

Cornerstone Psychological Associates, PLLC appreciates the trust you have given us for your mental health treatment. In our commitment to serve you better, we would appreciate your feedback. Please take a moment to fill out this brief questionnaire and return it to us.

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|---|-----|----|
| 1. Overall, I am satisfied with the care given to me or my child. | Yes | No |
| 2. Written and/or verbal communications from the staff are informative and helpful. | Yes | No |
| 3. The staff is helpful and professional. | Yes | No |
| 4. The telephone is generally answered promptly when I call. | Yes | No |
| 5. I would be willing to refer others to your agency. | Yes | No |

If you answered "No" to any of the statements above, please comment below. Also, any additional suggestions and/or comments are appreciated.

Date

Name (Optional)

Please return this form to the address listed above or turn in at the front office. Thank you for your time and valuable feedback.

Sincerely,

Cornerstone Psychological Associates, PLLC