The Asthma & Allergy Center

3503 Samson Way #108 • Bellevue, NE 68123-4303 PHONE (402) 592-2055 FAX (402) 592-2419 www.asthmaandallergycenter.com

DATE: _____

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1. The staff was helpful, kind and efficient in making sure my needs were attended to.	____	____	____	____	____
2. Medical procedures, lab tests and examinations were explained clearly and thoroughly.	____	____	____	____	____
3. The procedures scheduled were completed in a timely and structured manner.	____	____	____	____	____
4. Asthma and/or allergy education was presented clearly and effectively.	____	____	____	____	____
5. The written information I received was understandable and helpful.	____	____	____	____	____
6. My Asthma & Allergy Center physician was informative, easy to understand, and provided me with exceptional care.	____	____	____	____	____
7. Services provided by: Medical Staff	____	____	____	____	____
Front Desk	____	____	____	____	____
8. My expectations and needs in the care and teaching of my asthma and/or allergy were met.	____	____	____	____	____

9. Do you feel this program has provided you with the ultimate in asthma and/or allergy care? Yes No

10. Would you recommend others to visit The Asthma & Allergy Center? Yes No

11. What did you like most about being treated at The Asthma & Allergy Center?

_____

_____

12. What did you like least about being treated at The Asthma & Allergy Center?

_____

_____

13. Is there anything we could do to make your visit more comfortable or more worthwhile?

_____

_____

14. What are we doing right or wrong that we did not think to ask about?

_____

15. Are there any doctors or staff members who provided exceptional service during your encounters with us?

_____

16. Additional feedback: _____

_____

Please feel free to use the back of this evaluation form. Thank you for your comments!