Lakeshore Community
Nurse Practitioner-Led Clinic

Clinique dirigée par du personnel
infirmier praticien Communauté de Lakeshore

Ontario

Patient Feedback

The Lakeshore Community Nurse Practitioner Led Clinic wants to hear from you.

We appreciate knowing what we are doing well, along with what we can do better.

Name (First & Last): _____

Date of feedback: _____

Does your feedback involve a Person or Process/Procedure or Facility? (please circle all that apply)

If a person is included in your feedback, do you know their name? _____

Please tell us if you have done one of the following:

I have shared my feedback directly with the staff involved oYes oNo oN/A

I plan to discuss my feedback at our next encounter oYes oNo oN/A

Please provide your feedback and desired outcome below:

_____
_____
_____
_____
_____
_____
_____
_____

I would appreciate a response regarding my feedback o Yes o No

Please provide a telephone number to reach you: _____

Fax: 216-226-5153

Mailing Address: 330 Notre Dame #200, P.O. Box. 519, Belle River, ON, N0R 1A0

Date Received: _____