

Stanton Dental Care Center Client Survey

Date of Service <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Time of Appointment <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">A.M.</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">P.M.</td> </tr> </table>		A.M.		P.M.	Length of Wait <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">0 – 15 minutes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">16 – 30 minutes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">More than 30 min</td> </tr> </table>		0 – 15 minutes		16 – 30 minutes		More than 30 min	Zip Code <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																																											
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Years at Current Address: <i>(if less than 1 year, put a zero)</i> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				Service Provided by: <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">REGULARLY SCHEDULED APPOINTMENT</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">EMERGENCY APPOINTMENT</td> </tr> </table>			REGULARLY SCHEDULED APPOINTMENT		EMERGENCY APPOINTMENT																																																							
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What problems have you had with dental services? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">PREVIOUS DENTAL VISIT HAS BEEN MORE THAN 3 YEARS AGO</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">LACK OF RELIABLE TRANSPORTATION TO DENTAL CLINIC</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">PREVIOUS BAD EXPERIENCE IN A DENTAL OFFICE</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">NERVOUS ABOUT HAVING DENTAL TREATMENT</td> </tr> </table>			PREVIOUS DENTAL VISIT HAS BEEN MORE THAN 3 YEARS AGO		LACK OF RELIABLE TRANSPORTATION TO DENTAL CLINIC		PREVIOUS BAD EXPERIENCE IN A DENTAL OFFICE		NERVOUS ABOUT HAVING DENTAL TREATMENT	How did you hear about the Dental Clinic? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">FROM ANOTHER DENTIST OR AGENCY</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">FROM A RELATIVE OR FRIEND</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">FROM THE NEWS MEDIA OR NEWSPAPER</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">OTHER:</td> </tr> </table>			FROM ANOTHER DENTIST OR AGENCY		FROM A RELATIVE OR FRIEND		FROM THE NEWS MEDIA OR NEWSPAPER		OTHER:																																													
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Rate the Quality of Our Service <i>(circle one response per question)</i> <i>If you circled 3, 2, or 1, please tell us how we can improve</i>																																																																
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Name and phone # optional. (If you would like us to contact you regarding a concern you may have, please provide your name and phone number)																																																																
NAME _____ PHONE # _____																																																																

Tape Here

Tape Here

Mid-Michigan District Health Department

615 N. State St.

Suite 2

Stanton, MI 48888

Tape Here

Please visit our website: www.mmdhd.org

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Comments (continued)