2014 Patient Experience Survey Scripting *Check-In*

<after verification of patient demographics have been completed>

Mr./Mrs./Ms. <last name>, here is patient experience survey for you to complete during your visit at HealthPOiNT <clinic>.

Some questions you may be able to fill out now, and some questions you may have to fill out during or at the end of your visit. There will be a patient experience survey box when you checkout for you to put your survey in. Your survey will remain anonymous, unless you chose otherwise.

Your feedback is very important to us to make the experience at HealthPOiNT <clinic> better for all patients and team members.

Thank you for coming to HealthPOiNT <clinic> today. Please make yourself comfortable until one of your care team members calls you back for your appointment.