



## STUDENT HEALTH & COUNSELING SERVICES

### PATIENT SERVICES FEEDBACK

PLEASE help us serve you better. Student Health & Counseling Services is committed to providing the best health services possible. Comments, compliments and concerns are welcome. The Director reviews all comments. Please take a minute to respond to the following questions. To submit your feedback, you can either email this form to [shcs@csueastbay.edu](mailto:shcs@csueastbay.edu) or bring in person to Student Health & Counseling Services.

Date: \_\_\_\_\_

**1. How many times have you visited Student Health & Counseling Services? (Select one)**

- Once                       2 – 4 times                       More than 5 times

**Which location(s):**  Hayward Campus     Concord Campus

**2. How did you first learn about Student Health & Counseling Services?**

- Friend     Orientation     Class Presentation     Website     \_\_\_\_\_ Other (Please Specify)

**3. How would you rate the overall services provided? (Select one)**

- Excellent               Very Good               Average               Below Average               Poor

**4. Were you seen in any of these Departments or Specialty Clinics? (Select all that apply)**

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Counseling         | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Doctor             | <input type="checkbox"/> Pharmacy   | <input type="checkbox"/> Physical Therapy  |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Massage Therapy   |
| <input type="checkbox"/> Nursing Clinic     | <input type="checkbox"/> X-Ray      | <input type="checkbox"/> Orthopedics       |

**5. How would you rate your overall appointments with the department(s) or clinic(s) indicated above? (Select one)**

- Excellent               Very Good               Average               Below Average               Poor

**COMMENTS**

**COMPLIMENTS**

**CONCERNS**

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(Optional) Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Your name is not required, but may be helpful as it may enable us to learn more about your concerns and facilitate action if necessary. We will follow up with your comment/concern if you leave your contact information.

Thank you for your feedback!

For more information about Student Health & Counseling Services, visit us at [csueastbay.edu/shcs](http://csueastbay.edu/shcs)