

How willing would you be to recommend Scenic Rivers to friends and family?

1 2 3 4 5

Less Willing

More Willing

How satisfied are you with your visit?

1 2 3 4 5

Less Satisfied

More Satisfied

If this was your first visit, how did you hear about us?

What could we do better?

Horizontal lines for text input

Thank you for your time



Medical Clinics

BIGFORK

135 Pine Tree Dr. PO Box 135 Bigfork, MN 56628 Ph: (218) 743-3232 Fx: (218) 743-4223

FLOODWOOD

810 Poplar St. PO Box 426 Floodwood, MN 55736 Ph: (218) 476-2221 Fx: (218) 476-2965

BIG FALLS

410 Second St. NW PO Box 218 Big Falls, MN 56627 Ph: (218) 276-2403 Fx: (218) 276-2456

NORTHOME

12052 Main St. PO Box 66 Northome, MN 56661 Ph: (218) 897-5222 Fx: (218) 897-5226

COOK

20 Fifth St. SE Cook, MN 55723 Ph: (218) 666-5941 Fx: (218) 666-5099

TOWER

415 N 2nd St., Suite 2 PO Box 417 Tower, MN 55790 Ph: (218) 753-2405 Fx: (218) 361-3288

Dental Clinics

COOK

12 River St. S Cook, MN 55723 Ph: (218) 666-5958 Fx: (218) 361-3149

TOWER

415 N 2nd St., Suite 2 PO Box 417 Tower, MN 55790 Ph: (218) 753-6061 Fx: (218) 361-3277

FLOODWOOD

601 Hwy 73 PO Box 46 Floodwood, MN 55736 Ph: (218) 476-2969 Fx: (218) 476-1599

BIGFORK

303 Main Ave. PO Box 15 Bigfork, MN 56628 Ph: (218) 743-3600 Fx: (218) 743-1602

This health center is a Health Center Program under 42 U.S.C. 254b, and deemed Public Health Service employee under 42 U.S.C. 233 (g)-(n). It is funded in part by a grant from the Bureau of Primary Health Care and is a private non-profit corporation. This health center is an EOE/AA employer and service provider.



Patient Experience Survey

Medical Office

Helping Us Help You Better

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

Provider:

Clinic Site:

- Big Falls Floodwood Bigfork Northome Cook Tower



Please check the appropriate box for your answer.  
You may choose to leave any blank if desired.

**Were you able to schedule an appointment in a reasonable amount of time?**

No  Yes

**Was the phone system easy to use?**

No  Yes

**What was the wait time to see your provider?**

- Under 15 Minutes
- 15 - 30 Minutes
- 30 - 45 Minutes
- 45 - 60 Minutes
- 60+ Minutes

**How many visits to Scenic Rivers have you had in the past 12 months?**

- 1 visit
- 2-5 visits
- 6-10 visits
- 11+ visits

**Were you comfortable in our clinic?  
(temperature, lighting, clean, etc.)**

No  Yes

If no, please explain:

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**Did your provider seem to know the important information about your behavioral health history?**

No  Yes

**Were the services provided during this visit helpful?**

No  Yes

**Do you plan on using our behavioral health services in the future?**

No  Yes

**How satisfied are you with your Scenic Rivers provider?**

1  2  3  4  5

*Less Satisfied*

*More Satisfied*

**How helpful and courteous was our:**

**Reception Staff?**

1  2  3  4  5

*Less Courteous*

*More Courteous*

**Nursing Staff?**

1  2  3  4  5

*Less Courteous*

*More Courteous*

**Billing Staff?**

1  2  3  4  5

*Less Courteous*

*More Courteous*

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**Do you use our other services?**

**Medical?**

No  Yes

**Dental?**

No  Yes