

Shared Visit Patient Feedback Form



Today's Date: _____

- 1. What did you like about this visit?**

- 2. What could have been done to make this visit better?**

- 3. What topics are you interested in having discussed at a future shared visit?**

- 4. Would you recommend a shared visit to a friend or relative?**

Why/why not?

- 5. Any other comments?**

Staff Shared Visit Feedback Form

(Staff to meet after each group visit to discuss and complete)

Date _____

Name _____

Physician leader _____

Staff Participants

Topic of Discussion _____

Number of Members in Attendance _____

What worked well in today's visit?

What didn't work well in today's visit?

Attach any agendas or handouts used during today's visit to this form.
Primary physician should review and file.

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