Planned Parenthood®
Orange and San Bernardino Counties | WE'RE HERE.℠

We want to hear from you!

We strive to provide every patient with the tools and information they need to get healthy and stay healthy. Did you have a great visit? Have ideas for improvements? Please let us know.

Name ____ Phone ____________________________

Address ________________________________ City ________________ State ____ Zip __________

E-mail ____

May we contact you about the information you provide below? ❒ Yes ❒ No

Please tell us about your experience at Planned Parenthood.

Which health center did you visit? __________________________ Date and time of visit _______________

Your Feedback____

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FOR OFFICE USE – PLEASE DO NOT WRITE BELOW THIS LINE

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Staff/Center Comment ____

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Outcome/Corrective Action: ____

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Date Received __________________________ Letter to Patient? ❒ Yes ❒ No Date Sent: ______________________

Reviewed by Patient Services/Admin. ______________________________________ Date ___________________

Signature

Patient feedback form 11-2011