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www.WHAECC.com

How Are We Doing?

Thank you for taking the time to complete this survey to help us improve as an extension of your practice. Your thoughts matter to us! We are determined to meet and/or exceed your expectations when it comes to your clients and patients. We invite your ongoing suggestions and constructive criticism to help us better serve your patients and clients.

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Date:	Practice Name (Optiona	I)		
1. Overall, how satisfied were y Details:			• —	Needs Progress
2. Overall, how satisfied were y			Satisfactory	Needs Progress
3. Did you receive admission ar Details:			cellent Satisfactory	Needs Progress
4. If you ever had a problem, w E Details:	xcellent Satisfa	nctory 🗌 Nee	-	
5. What other ways can we sho		·		
6. Would you be more interest Suggested topics for future lect	-	_		