FIRST MED
Urgent and Industrial Care

Patient Feedback Report

Concern Tracking #_____

Patient Name:		Date of Birth:	Age:
Date of Visit:	Where Patient was Seen: ❑ Industrial ❑ East ❑ West ❑ Bountiful ❑ Murray	Reason for Visit:	Name of staff involved:
Caller's Name:	Relationship to Patient:	Caller's Phone Number: Day:	Evening:
Person Receiving Call:	Is medical information attached ? ❑Yes ❑ No Is this concern HIPAA related? ❑Yes ❑ No	Date Feedback was Filed:	

Documentation of conversation:

Action/Outcome/Resolution Documentation: Date Resolved:

Clinic Director handling issue:

List attached documents: _____

Distribution list:

[List individuals this information has been distributed to]

JULY 2006