



North End Community Health Centre

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Canada

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Patient Feedback Form

The North End Community Centre values your input.

If you have concerns related to a specific personal healthcare experience, please complete this form, and we will respond to you as quickly as we can (within three business days). If you need to speak with a nurse immediately and a nurse appointment is not immediately available you may call Nova Scotia Health Link at 811. If this is an emergency, please proceed to your local emergency services or hospital or call Emergency Medical Services at 911.

If you are unable to complete this forms for reasons related to literacy, vision impairment, or another reasons that prohibit your ability to read and write, please leave your name and phone number with the front desk staff and we will respond to you within three business days.

Today's Date _____

Your information

First Name _____

Last Name _____

I am

Tick the option that best describes you.

- ☐ A patient / client
- ☐ A family member of a patient / client
- ☐ A friend of a patient / client
- ☐ A visitor / member of the public

Patient / client name

First Name _____

Last Name _____

Contact Information

Daytime phone number starting with the area code () _____

Tick the telephone number type.

- ☐ Home
- ☐ Work
- ☐ Cell

Contact for hearing impaired with no TTY service only

Email address _____

Please note: Email is not a secure medium and privacy cannot be ensured. Patient Relations will not reply by email in compliance with the Personal Health Information Law. Please include your mailing address if a written response is the best way to contact you.

Street address and apartment number _____

City & Province _____

Postal Code _____

Type of feedback

Tick the type of feedback you are sending

- ☐ Compliment for staff, physicians, or volunteers
- ☐ Suggestion to improve health services
- ☐ Concern about your care

Response

- ☐ Call back required
- ☐ Comment only (no response required)

Please explain your comment, compliment or complaint
