



Student Feedback/Request Form

Student Health Services needs patient feedback in order to maintain and improve services. It is our goal to continually monitor and evaluate services to ensure that students' needs are being addressed. Please feel free to fill out our online form to leave a comment or to request an action regarding your charges, service, or visit. We look forward to hearing from you!

Patient Name:	TAMU UIN:
Appointment Date:	Appointment Time:
Rendering Provider:	
Visit Summary Please use the space below to describe the circumstances surrounding your visit in question. Please make note of any SHS staff that you interacted with during your visit and be as specific as possible as to the events that occurred. Please continue on the back of this form if you need more space.	
Desired Outcome (if applicable) Please list any actions you feel should be taken as a result of your visit and events above.	
Signature*:	Date:

*By signing you authorize members of SHS administration to investigate aspects of your appointment including (but not limited to) services rendered, items billed, account balance, and your current SHS eligibility status.

FOR ADMINISTRATIVE USE:

Administrator:	Patient presented issue in person?	Y / N
Staff Consulted:		
Notes:		
Action Taken:		
Signature:	Date:	