

PATIENT EVALUATION AND SURVEY FORM

(1=Very Poor 2=Poor 3=Average 4=Good 5=Excellent)

Question	Rating	Comments
Did pharmacy personnel provide clear and concise counseling and instructions on drug therapy and delivery devices?	1 2 3 4 5	
Were the pharmacy personnel respectful, and did they offer immediate assistance?	1 2 3 4 5	
Did all members of the pharmacy team act in a professional manner at all times?	1 2 3 4 5	
Did all members of the pharmacy team appear to be well trained in their respective job duties?	1 2 3 4 5	
Was follow-up provided after the initial consult or counseling session?	1 2 3 4 5	

Personnel	Overall Rating
Pharmacist(s)	1 2 3 4 5
Pharmacy Technician(s)	1 2 3 4 5
Delivery Personnel	1 2 3 4 5
Other Personnel	1 2 3 4 5

Signature: _____ Date: _____
Pharmacy Staff