



Family and Patient Feedback Form

The Youth Clinic and the Pediatric Urgent Care of Northern Colorado are committed to providing evidence-based, quality healthcare for every patient.

Should you have any questions regarding billing, privacy and consent laws for both minors and patients 18 and older, or our policy on separations, divorce and custody matters please see our website.

We are happy to hear your feedback to improve the care we provide. Thank you for taking the time to fill out this form and return it to any of The Youth Clinic locations or to the Pediatric Urgent Care of Northern Colorado, Attention: Risk Manager

Patient Name:	Date of Birth:
Name and Relationship of person providing fee	dback:
Telephone or Email:	Date:
NATURE OF YOUR CONCERN OR COMPLIMENT: and office location of event and any staff members.	: (Please be as specific as possible including concern or compliment, date ber(s) involved)