

Mental Health Consultation Survey
For Patients

Thank you for agreeing to participate in this voluntary survey. After you complete the survey it will be returned to Northern Human Services. The staff at Northern will use this important information to help evaluate their services and the use of video conferencing.

Date of Consult: ___/___/___ Time of Consult: _____ - _____
Client Initials: ___ ___
Client DOB: ___/___/___

Hospital: Weeks Cottage AVH Colebrook Littleton Memorial Huggins

This is the first time that I have been seen as a patient using the video conferencing equipment: Yes No

I was nervous about using the video conferencing equipment for today's session: Yes
No Please explain:

My privacy and confidentiality were protected during the consultation:
Strongly Agree Agree Don't Know Disagree Strongly Disagree

During the video conference I was able to hear and see the provider adequately:
Strongly Agree Agree Don't Know Disagree Strongly Disagree

I was able to communicate adequately with the provider:
Strongly Agree Agree Don't Know Disagree Strongly Disagree

I felt that there was a person at the hospital that could assist me as needed:
Strongly Agree Agree Don't Know Disagree Strongly Disagree

How could your experience using video conferencing equipment to access mental health services been improved:

