

Patient Satisfaction Survey

Dear Patient,

We work hard to provide you with a satisfying care experience and we want to know if we are meeting your needs. Please take a moment to let us know how we are doing. Your comments will help us serve you better.

Thank you.

Optional:

Last Name _____ First Name _____ Middle Initial _____ Sex M F

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____ Birthdate _____ Name of PCP _____

Name of Insurance Company _____ Insured's Name _____

- | | |
|---|---|
| <p>1. Length of time spent holding to make an appointment:
<input type="checkbox"/> less than 5 minutes <input type="checkbox"/> between 5 and 10 minutes
<input type="checkbox"/> between 10 and 15 minutes <input type="checkbox"/> 15 to 20 minutes
<input type="checkbox"/> more than 20 minutes</p> <p>2. Was the appointment: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent</p> <p>3. What was the date of the appointment and who did you see?
Date _____ Provider _____</p> <p>4. Was the receptionist at the check-in counter helpful and courteous?
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>5. Length of time to be called in for your appointment or test:
<input type="checkbox"/> within 5 minutes <input type="checkbox"/> between 5 and 10 minutes
<input type="checkbox"/> between 10 and 15 minutes <input type="checkbox"/> 15 to 20 minutes
<input type="checkbox"/> more than 20 minutes</p> <p>6. Was the medical assistant/technician professional and courteous?
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>7. Was the provider you saw professional, courteous, and thorough?
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> | <p>8. Was the provider thorough in explaining medical tests, diagnosis and treatment?
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>9. If a follow up appointment was needed, was the appointment able to be made in a reasonable time period?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Was the person at the checkout counter helpful and courteous?
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>11. Please rank your ability to reach provider:
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>12. Please rank your visit to us overall:
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>13. Would you recommend our medical office to a family member or friend? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. How did you first learn about our medical office?
_____</p> |
|---|---|

Please share your comments and/or suggestions with us: _____

