

Patient Satisfaction Survey

We want to be sure we are doing the best job to serve you. Please take a few minutes to complete this survey. All responses are confidential. Just let us know what to do better!

Please let us know how you heard about us:

- My physician Dr. _____ referred me.
- My friend/family member _____ recommended you.
- I passed by your office; it is conveniently located near my home or work.
- I visited your website.
- You are listed in my Health Plan directory
- I saw your listing in the Yellow Pages: which book? _____
- I saw your ad or flyer in: _____
- I am a former patient.
- Other _____

<u>OFFICE:</u>	Excellent	Average	Poor		
1. Location	1	2	3	4	5
2. Appearance	1	2	3	4	5
3. Waiting Time	1	2	3	4	5
4. Phone answering promptness	1	2	3	4	5
5. Phone messages returned	1	2	3	4	5
6. Obtaining lab or X-Ray results	1	2	3	4	5
7. Getting prescriptions refilled	1	2	3	4	5

<u>STAFF:</u>	Excellent	Average	Poor		
8. Professionalism	1	2	3	4	5
9. Warmth and concern	1	2	3	4	5
10. Questions answered timely/accurately	1	2	3	4	5
11. Promptness	1	2	3	4	5

<u>PHYSICIAN:</u> (Dr. _____)	Excellent	Average	Poor		
12. Amount of time spent in exam room	1	2	3	4	5
13. Quality of time spent in exam room	1	2	3	4	5
14. Responsiveness	1	2	3	4	5
15. Ability to listen	1	2	3	4	5
16. Ability to explain	1	2	3	4	5
17. Questions answered timely/accurately	1	2	3	4	5
18. Confidence	1	2	3	4	5

OVERALL EXPERIENCE:

Would you come again? Yes No

Will you recommend us to your family/friends? Yes No

COMMENTS/SUGGESTIONS FOR IMPROVEMENT: _____