

PATIENT SATISFACTION SURVEY

To provide you with the best possible care, we need your feedback.

1. How did you decide to come to this practice?
 Recommended by another patient Recommended by family
 Recommended by another doctor Recommended by hospital
 Physician referral service Local medical society
 Yellow Pages Office close to work
 Office close to home Other: _____
2. When you telephone our office, is your call answered courteously?
 Yes No Comments: _____
3. Are you able to obtain an appointment easily and timely?
 Yes No Comments: _____
4. During your last visit to our office, how would you describe your treatment by our staff?
 Warm/friendly Cool/unfriendly Courteous
 Professional Unprofessional
 Other: _____
5. How interested do we seem to be in you as a person when you visit the office?
 Genuinely interested and concerned
 Usually interested and concerned
 Sometimes disinterested and unconcerned
 Usually disinterested and unconcerned
6. Do you find our waiting room warm and comfortable?
 Yes No Comments: _____
7. Are the waiting room materials to your taste?
 Yes No If "No," your preference: _____
8. When you arrive at our office, how long do you normally have to wait after your scheduled appointment time? _____ minutes. If you wait longer than 30 minutes, are you given an explanation for the delay? Yes No
9. How would you rate the overall quality of care you receive?
 Outstanding Good Fair Poor
10. How would you rate the doctor on patience, warmth, and interest in your problem?
 Outstanding Good Fair Poor
11. Does the doctor fully explain your illness and treatment to you?
 Yes No Comments: _____
12. Are you comfortable recommending our services to your family and friends?
 Yes No Comments: _____
13. What other services could we offer that you would like available for you or your family?

14. Other: _____

Thank you for taking time to complete this information.
We value our patients' comments.

Date

Signature (optional)