Patient Satisfaction Survey

We want to give you the best possible medical care! To do that, we need your feedback. Please take a minute to tell us how we can better serve you. All responses are confidential, and we don't want you to sign it or otherwise indicate your name. Just let us know what to do better!

Thank you,

How long have you been our patient?
☐ first visit ☐ 1-5 years ☐ 5-10 years ☐ over 10 years

Why did you decide to visit our practice?
☐ near home or business ☐ referred by another patient ☐ referred by another physician
☐ telephone listing ☐ Web listing/website ☐ other: _____

On a scale from 1 to 5, with 5 being excellent and 1 being poor, how would you rate:

The time between your call to schedule an appointment and your appointment date?
Did we fit you in fast enough? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

The time it took us to answer your call? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

The manners of the person(s) who scheduled your appointment? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

The convenience of our location? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

Parking convenience? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

The professionalism and helpfulness of your reception. Was the receptionist polite?
Were your questions answered? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

Please Turn Over

Your wait time in the office?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
What was it?	☐ 10-15 mins ☐ 16-30 mins ☐ 35-45 mins ☐ 46 mins-1 hr ☐ 1hr +
Comments:	

The comfort, cleanliness and amenities of the reception?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

Your doctor:

I saw Dr. _____ Dr. _____ Dr. _____ Dr. _____ (circle one)

The amount of time spent with your physician?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

His or her listening?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

His or her explanation of procedures, diagnoses, or treatment regimen?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

His or her "bedside manner"?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

If you have visited our practice before, how convenient did you find:	
Prescription refills (if appropriate)?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

Getting lab results (if appropriate)?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

Overall, how would you rate our practice?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Comments:	

Please Turn Over