

Patient Satisfaction Survey

Our Clinic realizes that change is important, especially when it involves making improvements to better satisfy our patients. Our commitment to you is to provide continuous quality care. Please take a moment to give your honest assessment of our office by checking all areas on the survey that apply to your visit with us. Your answers will be completely confidential and your cooperation in helping us will help to benefit you. If additional space is required for your comments, please use the reverse side.

Thank you for your time.

Your First Impressions

- | | | | | | |
|--|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Initial Telephone contact | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Availability of Convenient Appointment | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Location and Availability of Office | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Overall First Impression of Office | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Additional Comments: _____

How would you rate our Reception Room?

- | | | | | | |
|--------------------------------------|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| The length of waiting time | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Comfort and pleasantness | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Cleanliness | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Reading Materials | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Overall impression of Reception Room | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Additional Comments: _____

How would you rate our Staff?

- | | | | | | | |
|---------------------|--------------------------|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Front Desk: | Friendly | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Helpful | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Courteous | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Competent & Professional | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Assistant: | Friendly | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Helpful | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Courteous | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Competent & Professional | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Billing Ofc: | Friendly | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Helpful | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Courteous | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Competent & Professional | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Additional Comments: _____

How would you rate your time spent with the Doctor?

- | | | | | | |
|--|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Spent enough time with you | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Spent more time than you thought necessary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Knowledgeable and Informative | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Easy to understand | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Overall satisfaction with doctor | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Additional Comments: _____

How would you rate your overall experience in our office? Excellent Good Average Fair Poor

You are our best judge. Please tell us how we can improve to better meet your needs

Name (optional) _____

If you would like a response, please include contact phone number or email address _____