



Patient Satisfaction Survey

Doctor Seen: _____

Date: _____

We would like to ask you to complete a survey you about the services we provide. Your answers are directly responsible for improving these areas. All responses are kept confidential.

Please circle how well you think we are doing in the following areas:

GREAT: 5 GOOD: 4 OK: 3 FAIR: 2 POOR: 1

Ease of getting care

Please consider the following: Ability to get in to be seen. Hours office is open. Prompt return on calls.

5 4 3 2 1

Please Comment: _____

Waiting

Please consider the following: Time in waiting room. Time in exam room. Waiting for tests to be performed. Waiting for test results. Waiting to receive immunizations. Waiting at check-out.

5 4 3 2 1

Please Comment: _____

Nursing Staff (Including Phone Advise Nurses) —Give us a name, if possible, when sharing.

Please consider the following: Introduce themselves. Listens to you. Tone/demeanor is respectful and considerate. Friendly, professional, and helpful to you. Explains procedures. Answers your questions.

5 4 3 2 1

Please Comment: _____

Front Office Staff (Telephone Operator, Check-in, Check-out)—Give us a name, if possible, when sharing.

Please consider the following: Operator answers phone promptly and provides her name. Works to schedule appointment according to the patient/parents needs. Tone/demeanor is respectful and considerate. Greeted at Check-in. Friendly, professional and helpful to you. Answers your questions.

5 4 3 2 1

Please Comment: _____

Billing Department—Give us a name, if possible, when sharing.

Please consider the following: Gives explanation of payment and charges. Representative works to resolve billing concerns. Are friendly, professional and helpful.

5 4 3 2 1

Please Comment: _____

Facility

Please consider the following: Neat and clean office. Ease of finding where to go. Comfort and safety while waiting. Privacy when needed.

5 4 3 2 1

Please Comment: _____

Overall Satisfaction

5 4 3 2 1

Please Comment: _____

Would you refer friends and relatives to our office? _____

What do you like best about our Center? _____

What do you like least about our Center? _____

Suggestions for improvement? _____

Thank you for completing our survey! Please fold and place in collection box at checkout.

Feel free to call our management staff.

Barbara King-Nurse Manager, Carrie Harris-Front Office Manager, Donna Ryde-Billing Office Manager