

## Patient Satisfaction Survey

Date: \_\_\_\_\_

We would love your feedback! Your answers are directly responsible for improving in these areas. If possible, provide us with a name when sharing. 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

### Appointment Availability (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: \_\_\_\_\_  
\_\_\_\_\_

### Receptionist

**Please consider the following:** Operator answers phone promptly. She works to schedule an appointment according to the patient/parents needs. Tone/demeanor is respectful and considerate.

5 4 3 2 1

Please Comment: \_\_\_\_\_  
\_\_\_\_\_

### Front Office Staff (Check-in, Check-out)

**Please consider the following:** Greeted at check-in. Schedules any follow up appointments. Tone/demeanor is respectful and considerate. Friendly, professional and helpful to you. Answers any questions.

5 4 3 2 1

Please Comment: \_\_\_\_\_  
\_\_\_\_\_

### Nursing Staff

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

5 4 3 2 1

Please Comment: \_\_\_\_\_  
\_\_\_\_\_

### Advice Nurse

**Please consider the following:** Answers or returns calls promptly. Allows you to ask questions. Tone/demeanor is respectful and considerate. Friendly, professional, and helpful to you. Assures your concerns are resolved.

5 4 3 2 1

Please Comment: \_\_\_\_\_  
\_\_\_\_\_

### Billing Department

**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: \_\_\_\_\_  
\_\_\_\_\_

### Overall Satisfaction

5 4 3 2 1

Please Comment: \_\_\_\_\_  
\_\_\_\_\_

What information would you like to see on our website? \_\_\_\_\_

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 mail, drop off, or fax to 214-691-1044.**

**Feel free to call our management staff.**

**Carol Kuter-Office Manager. Barbara King-Nurse Manager. Carrie Harris-Billing Office Manager.**