

PATIENT SATISFACTION SURVEY

Dear Patients:

In an effort to improve our service, we are conducting a patient survey. Please take a moment to complete this questionnaire to enable us to better serve you.

How long have you been a patient of our practice?

First year 1-5 years 5-10 years Over 10 years

Why did you decide to seek medical treatment with us?

Near home or business Telephone listing
 Referral by another patient Other: _____
 Referral by another physician

Was making an appointment a simple process? Yes No If no, please explain: _____

How would you rate the telephone service of our practice?

Very Good Good Average Poor Very Poor

Once in our office, did the receptionist treat you in a friendly, courteous manner? Yes No If no, please explain: _____

How long did you wait in the reception area after your appointment time?

Less than 15 minutes 15 to 30 minutes More than 30 minutes

Name of physician that you routinely see in the office: _____

Does the physician provide you with adequate time for each visit? Yes No If no, please explain: _____

Does the physician explain your problem and treatment plan? Yes No

Does the physician explain why he/she does or does not order certain medications or tests?

Always Sometimes Never

Was the medical assistant helpful and courteous? Yes No If no, please explain: _____

Was the billing office helpful and courteous? Yes No If no, please explain: _____

What was your impression of the physical office? (check all that apply)

Beautiful Nice Average Shabby
 Organized Disorganized A Total Mess

Was the reception area comfortable? Yes No If no, please explain: _____

Our staff is committed to continually improving the services we provide to all patients. We invite you to use the space on the back of this survey to give us suggestions on how we can improve our service. Your comments are most valuable and we appreciate your time.

Please provide your name below if you would like to be contacted about any problem(s) you have experienced. Thank you

Patient Name

Date

Contact Phone Number