



PATIENT SATISFACTION SURVEY

Making sure that you receive the very best in medical care is our priority. We would like to know how you feel about the services we provide in order to make sure that we are meeting your needs. We do not just stuff these surveys in a folder somewhere, we read every response and use your feedback to make sure that we continue to do the things that are working well for you and make adjustments to things that might need some improvement. All responses will be kept confidential. Thank you for taking the time to complete this survey and for allowing us to care for you!

Name: _____ Your Age: _____

Your Sex: M _____ F _____

Your Doctor: _____

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:					
Ability to get in to be seen	5	4	3	2	1
Hours Clinic is open	5	4	3	2	1
Convenience of Clinic's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Doctor:					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you clear advice and treatment	5	4	3	2	1
Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Payment :					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
Facility:					
Neat and clean office	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and family to us:	5	4	3	2	1

What do you like best about our clinic?

What do you like least about our clinic?

Suggestions for improvement?

Thanks again for taking the time to complete this survey.