

Patient Satisfaction Survey

Please help us provide better service to you by sharing your opinion as to how we're doing. Thank you.

Please use the following: **1** = Needs improvement **2** = Meets expectations **3** = Exceeds expectations

Ease of making appointments	1	2	3	
Ease in finding the office	1	2	3	
Convenience of office location	1	2	3	
Convenient office hours	1	2	3	
Attitude of staff and doctors	1	2	3	
Helpfulness of staff and doctors	1	2	3	
Bright, pleasant waiting area	1	2	3	
Appearance of staff and doctors	1	2	3	
Courtesy of staff and doctors	1	2	3	
Fair fees	1	2	3	
Help with insurance claim	1	2	3	
Adequacy of parking	1	2	3	

Interactions With Our Office

	Yes	No
Did you have trouble getting through when calling?		
Were you kept on holding for too long when calling?		
Did you receive assistance with the paperwork?		
Did you have any problem with our forms?		
Were your questions answered?		
Were you embarrassed at any of the questions or comments made?		

Doctor's Care

	Yes	No
Did you see the doctor near your appointment?		
If not, were you given a satisfactory explanation?		
Did the doctor explain his findings in a way that you could understand?		
Did the doctor spend enough time with you?		
Did the doctor explain the treatment adequately before beginning it?		
Did you have an opportunity to have your questions and concerns addressed?		

Additional Comments:

Thank you for your assistance in completing this questionnaire