



To our patients: We strive to provide exceptional care. Your feedback is important in order for us to know what we are doing right and in what areas we can improve. Please take a moment to fill out this survey

Patient's name: _____

Today's date: _____

Which physician did you see? _____

Please rate the following:

Very
Excellent Good Good Fair Poor

A. Your appointment:

1. Ease of making an appointment	5	4	3	2	1
2. Total wait time	5	4	3	2	1
3. Cleanliness of our facility	5	4	3	2	1

B. Our staff:

1. The courtesy of the staff who took your call	5	4	3	2	1
2. The courtesy of our front desk staff	5	4	3	2	1
3. The courtesy of your nurse	5	4	3	2	1
4. The appearance of our staff	5	4	3	2	1

C. The Provider:

1. Amount of time answering your questions	5	4	3	2	1
2. Explanation of diagnosis/treatment	5	4	3	2	1
3. Level of trust in provider	5	4	3	2	1
4. Amount of time spent in the room with you	5	4	3	2	1

D. Your overall satisfaction with us

1. Your overall satisfaction with our facility?	5	4	3	2	1
2. Likelihood of recommending us?	5	4	3	2	1

Is there something we could have done to make your appointment better? Y or N If yes, please explain.

If you answered yes, would you like someone to call you in regards to the above concerns?

May we upload this survey to Healthgrades.com? Y or N

If yes, please fill out e-mail information: _____.

Once uploaded, you may receive an e-mail from Healthgrades.com verifying that the survey information is accurate.

Thank you for taking the time to fill out our survey. We appreciate your input!