

Patient Satisfaction Survey

Dear Patient:

In an effort to improve our service, we are conducting a survey of our patient's perception of the office environment and the service we offer. Please take a moment to complete this questionnaire to enable us to better serve you. After completion, please return it to _____ in the reception area. Thanks in advance.

How long have you been a patient of the practice?

- First Visit
- 1-5 years
- 5-10 years
- Over 10 years

Why did you decide to seek medical treatment in this facility?

- Referral by another patient
- Referral by another physician
- Referral by local medical society
- Other _____

How easy was it to make an appointment?

- Very easy
- Easy
- Difficult

How would you rate the telephone service of the practice?

- Very Good
- Good
- Average
- Poor
- Very Poor

Were you greeted in a friendly, courteous manner?

- Very Courteous
- Courteous
- Not so Courteous
- Discourteous

What was your wait time in the reception area?

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

What was your wait time in the exam room?

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

Did the physician provide you with adequate time for the visit?

- Yes
- No

Did the physician explain your problem and treatment plan?

- Yes
- No

Did you understand the test you needed to take and/or treatment you needed to follow?

- Yes
- No

Were you satisfied with the quality of the medical treatment received?

- Yes
- No

Was the staff helpful and courteous?

- Yes
- No

- Yes
- No

What was your general impression of the office?

- Nice
- Average
- Organized/Efficient
- Disorganized

Was the reception area comfortable?

Any suggestion for improving the reception area?

Please provide any additional comments and suggestions
