

PATIENT SURVEY

In an effort to improve our care and patient service, we are requesting that you take a few moments to fill out our patient survey and drop it in the mail. Our goal is to provide quality care and make any needed improvements based on our patient's feedback.

1. Once referred to our office, did you have any trouble getting an appointment?
 Yes No

Comments: _____

2. Were you given complete instructions pertaining to your visit at the time of scheduling?
 Yes No

Comments: _____

3. At your appointment in our office, how were you treated by our staff?
 Above Expectation At Expectation Below Expectation

Comments: _____

4. How long did you have to wait past your appt. time, before seeing Dr. Page?
 Less than 10 minutes 10-20 minutes
 20-30 minutes More than 30 minutes

Comments: _____

5. If we were running late, did the staff explain why?
 Yes No

Comments: _____

6. Did the care you received address your problem to your satisfaction?
 Yes No

If you answered no, please explain: _____

7. How would you rate the doctor on her patience and interest in your problem?
 Outstanding Good Indifferent Coldly

Comments: _____

8. Will you recommend other patient's to our practice?
 Yes No

Comments: _____

Additional comments:

Patient Name (optional): _____

Date: _____

Your thoughts are very important to us.
Thank you for your time.

Holley N.
Office Manager