

Dear Valued Patient:

We are interested in your thoughts regarding the services you received during your visit. Below you will find a patient satisfaction survey. By filling out this Survey you assist us in improving the services and care given at our practice. Please take a moment to print this survey, complete it and return it via mail or drop it off at your next visit. With your help, we can continue to provide quality health services to you and the community.

Date of Visit: _____

Doctor Seen: _____

	Very satisfied	Acceptable	Dissatisfied
Time it took to answer your call.			
Time between your call to schedule an appointment and the appointment date.			
Personal manner (courtesy, respect, friendliness) of administrative staff.			
Length of time waiting in the lobby.			
Timeliness and efficiency of medical assistant once placed in an exam room			
Did the medical assistant listen to your concerns/reason for being seen.			
Personal manner (courtesy, respect, sensitivity, friendliness) of the medical assistant.			
Time spent with your doctor.			
Did you feel the doctor listened to your concerns/problems.			
Explanation of diagnoses, procedures, or treatment regimen.			
Did you understand your condition and treatment plan prior to leaving the office.			
Personal manner (courtesy, respect, sensitivity, friendliness) of your provider			
This visit overall.			
Comments:			