

PATIENT SATISFACTION SURVEY									
Dear Patient: Please share your opinion about the services you received today from our Practice. Thank you for your participation.									
PLEASE RATE THE FOLLOWING:				TODAY'S DATE: _____					
A. RECEPTION AND CHECK-IN				Excellent	Very Good	Good	Fair	Poor	N/A
1. The friendliness and helpfulness of the receptionist				5	4	3	2	1	N/A
2. The efficiency of the check-in process				5	4	3	2	1	N/A
3. Concern for your privacy				5	4	3	2	1	N/A
B. LAB				Excellent	Very Good	Good	Fair	Poor	N/A
1. The friendliness and helpfulness of the lab staff				5	4	3	2	1	N/A
2. The efficiency of the lab process				5	4	3	2	1	N/A
3. Instructions regarding test to be done				5	4	3	2	1	N/A
C. MEDICAL ASSISTANTS/CHECK OUT				Excellent	Very Good	Good	Fair	Poor	N/A
1. Friendliness & helpfulness of medical assistants				5	4	3	2	1	N/A
2. The efficiency of the rooming process				5	4	3	2	1	N/A
3. Keeping you informed of delays				5	4	3	2	1	N/A
4. The efficiency of the check out process				5	4	3	2	1	N/A
D. PHYSICIANS and MIDLEVELS				Excellent	Very Good	Good	Fair	Poor	N/A
1. The friendliness and helpfulness of the clinical staff				5	4	3	2	1	N/A
2. Willingness to listen carefully to you				5	4	3	2	1	N/A
3. Instructions regarding medication/follow-up care				5	4	3	2	1	N/A
4. The thoroughness of the examination				5	4	3	2	1	N/A
E. RN STAFF - CLINIC				Excellent	Very Good	Good	Fair	Poor	N/A
1. The friendliness and helpfulness of the nurse				5	4	3	2	1	N/A
2. The efficiency of the nursing process				5	4	3	2	1	N/A
F. BILLING				Excellent	Very Good	Good	Fair	Poor	N/A
1. Billing questions answered in timely manner				5	4	3	2	1	N/A
G. YOUR OVERALL SATISFACTION				Excellent	Very Good	Good	Fair	Poor	N/A
1. Overall comfort				5	4	3	2	1	N/A
2. Adequate parking				5	4	3	2	1	N/A
3. Signage and directions easy to follow				5	4	3	2	1	N/A
4. Wait Time				5	4	3	2	1	N/A