



**We Strive for Excellence!
Patient Satisfaction Survey**

Patient satisfaction is an extremely important part of the mission of our center. Although we know we may not be able to accommodate all requests or recommendations, we strive to serve each and every patient to our utmost ability. We would like to know how you feel about your experience with us.

We would greatly appreciate your comments, suggestions, and any concerns you may have in regards to the service you have received and the overall experience you encountered with our practice. This feedback will help us in our continued efforts to make any improvements in accommodating the needs of our patients.

Are you a new or returning patient?

- New Patient
- Returning Patient

1. How would you rate Our office in regard to:

	Excellent	Very Good	Average	Fair	Poor
a. Ease to reach our staff with your phone call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing you with explanations of billing, payments, and insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hours of office being open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ease of finding office with building signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Office environment clean and pleasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patient lobby providing comfort and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining privacy and confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Amenities of the reception lobby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Keeping you informed during your wait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Accommodating your needs in making appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Follow up with calls in regard to scheduling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Providing you with the information you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate the Front Desk Staff in regard to:

	Excellent	Very Good	Average	Fair	Poor
a. Treating you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answering your questions and concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assisting you with completing registration & forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How would you rate the Therapists in regard to:

	Excellent	Very Good	Average	Fair	Poor
a. Treating you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answering your questions and concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Keeping you informed of any delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ease of scheduling treatment times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate the Physician in regard to:

	Excellent	Very Good	Average	Fair	Poor
a. Treating you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing you with information you needed in understanding your condition and treatment options?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Providing educational materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listening to your concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Showing empathy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing the quality of care you were seeking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Providing confidence in their clinical expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long did you wait to see the physician (in minutes):

- 0 - 15 minutes
- 16-30 minutes
- 31-45 minutes
- 45+ minutes

7. How would you rate the wait time for:

	Excellent	Very Good	Average	Fair	Poor
a. Time from initial call to appointment date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Front reception lobby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exam room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatments to be completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you recommend this practice to others?

- Yes
- No - Why Not

9. How did you hear about our practice?

- Referral from primary care physician
- Referral from a specialist physician
- Referral from a friend or family member
- Magazine or newspaper ad
- Bus Ad
- Online search
- Facebook
- Google +
- Other _____

Who was your referring physician? _____

Your Name (Optional) _____

Please provide us with your email address so we can keep you informed: _____

Comments & Testimonials



By placing my initials in this box I grant permission to have my testimonial utilized in the center's marketing materials, website and other social media mediums. I understand only my first name and last initial would be used along with the comments.