



Office Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Dear Patient: Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients. We'd like to know how you feel about our medical services, our patient-handling systems, our physicians and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

**PLEASE RATE THE FOLLOWING:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>A. YOUR APPOINTMENT:</b>						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. Getting care for illness/injury as soon as you needed it	5	4	3	2	1	N/A
4. Getting after-hours care when you needed it	5	4	3	2	1	N/A
5. Waiting time in the reception area	5	4	3	2	1	N/A
6. Waiting time in the exam room	5	4	3	2	1	N/A
7. Your phone calls answered promptly	5	4	3	2	1	N/A
8. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
9. Your ability to contact us after hours	5	4	3	2	1	N/A
<b>B. YOUR VISIT WITH THE PROVIDER (Doctor, Physician Assistant, Nurse Practitioner)</b>						
1. Answering your questions in a way that was easy to understand	5	4	3	2	1	N/A
2. Willingness to listen carefully to you	5	4	3	2	1	N/A
3. Taking time to answer your questions	5	4	3	2	1	N/A
4. Amount of time spent with you	5	4	3	2	1	N/A
5. Explaining things in a way you could understand	5	4	3	2	1	N/A
6. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
7. The thoroughness of the examination	5	4	3	2	1	N/A
8. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A
9. Knowledge of important information about your medical history	5	4	3	2	1	N/A
10. Showing respect for what you had to say	5	4	3	2	1	N/A
11. Including you in decision-making about your treatment plan	5	4	3	2	1	N/A
12. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
<b>C. OUR STAFF:</b>						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist/office staff	5	4	3	2	1	N/A
3. The helpfulness of the receptionist/office staff	5	4	3	2	1	N/A
4. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
5. The professionalism of our lab or x-ray staff	5	4	3	2	1	N/A

**IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:**

*Thank you very much for your help!*