

### Patient Satisfaction Survey

Date \_\_\_\_\_

We would sincerely appreciate your taking a few moments to express your opinions.

1. Was the person who answered your phone calls friendly, helpful and interested? Yes No N/A

2. Was the office easy to find and inviting from the exterior with adequate parking?

Yes No N/A

3. Was the office staff pleasant and helpful when you arrived at the facility?

Yes No N/A

4. The physician, was he understanding, patient, and caring?

Yes No N/A

5. Were the following areas clean and comfortable?

Reception area Yes No N/A

Examining rooms Yes No N/A

Bathrooms Yes No N/A

6. Were the instructions you received for your care at home satisfactory?

Yes No N/A

7. Would you recommend our services without hesitation?

Yes No N/A

Comments \_\_\_\_\_

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(Use the back of this page for additional comments)