Patient Survey

We wish to give competent medical care and make our relationship mutually satisfying. To help us reach these goals, please take a few minutes to answer the questions below. Be honest! You need not sign this questionnaire.

1. When you telephoned our office, did the receptionist answer your call courteously? ☐ Yes ☐ No

   Comments _____

2. Have you ever telephoned our office and received no response? ☐ Yes ☐ No

   Comments _____

3. Did you receive an appointment within a reasonable length of time? ☐ Yes ☐ No

   Comments _____

4. Which best describes the handling of your call by the assistant?
   ☐ Excellent   ☐ Good   ☐ Average   ☐ Poor   ☐ N/A

5. Which best describes the handling of your call by the doctor?
   ☐ Excellent   ☐ Good   ☐ Average   ☐ Poor   ☐ N/A

6. Upon arrival, did the receptionist greet you courteously? ☐ Yes ☐ No

   Comments _____

7. Were our assistants courteous, pleasant, helpful and efficient in conducting you to an examining room? ☐ Yes ☐ No

   Comments _____

8. Were our assistants neat in appearance and dress? ☐ Yes ☐ No

9. From your appointment time, how long did you wait before being seen?_____

   If it was a long time, were you given a reason for the delay? ☐ Yes ☐ No

   Comments _____

10. Were you satisfied with the level of care and attention you received? ☐ Yes ☐ No

    Comments _____

11. How would you rate the doctor on patience, warmth and interest in your problem?
    ☐ Outstanding   ☐ Good   ☐ Average   ☐ Poor

    Please discuss. _____

12. How would you rate the doctor on professional thoroughness in the examination?
    ☐ Meticulous   ☐ Better than average   ☐ Average   ☐ Poor

    Please discuss. _____

13. After hours, have you ever had difficulty in reaching the doctor in an emergency? ☐ Yes ☐ No ☐ N/A

    Comments _____

14. Did you understand the doctor's explanation of the results of your office visit? ☐ Yes ☐ No

15. Did you have difficulty understanding our brochures and history form? ☐ Yes ☐ No ☐ N/A

16. Other comments _____

Any suggestions you may have about service in our office will be appreciated. Please feel free to comment on any topic.

Date _____   Signature (optional) _____