

Patient Satisfaction Survey

We always remember that you are the reason we became health practitioners in the first place. That's why it's so important that you're well cared for here. If there is anything we can do to better serve you, we'd like to know about it. So please fill out the questionnaire below, and help us continue to offer the highest possible standard of care.

1. *Were you seen by the doctor and staff in a timely fashion?*
 Yes No
2. *Were your diagnosis and treatment plan carefully explained?*
 Yes No
3. *Were your questions answered thoroughly?*
 Yes No
4. *Did the care you receive meet your expectations?*
 Yes No
5. *How would you rate the overall quality of your care?*
 Excellent Good Fair Poor
6. *How would you rate the helpfulness of our staff?*
 Excellent Good Fair Poor
7. *How would you rate the warmth and friendliness of the doctor and staff?*
 Excellent Good Fair Poor
8. *Would you refer a friend or loved one to our care?*
 Yes No

Comments: _____

Your Name: _____

May we use your comments for marketing purposes?
 Yes No