

PATIENT EXPERIENCE SURVEY

Our mission is to maintain a dedicated, caring, and knowledgeable practice, committed to providing exceptional patient services. We strive toward this excellence through continuing education, technical advances, and compassionate care for all our patients. You can help us reach and maintain this level of service by sharing your needs and expectations. By completing this survey, you will be a part of our team meetings, and be assured that your comments will be discussed and acted upon. Thank you for your time and effort!

	YES	NO
How Did You Choose Our Practice?		
A friend or relative recommended the practice	<input type="checkbox"/>	<input type="checkbox"/>
I saw your brochure/business card	<input type="checkbox"/>	<input type="checkbox"/>
Found you through an internet search engine	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		
Your Telephone Experience:		
My call was answered promptly	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>
I was referred to the website to get necessary forms ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
I was offered to be called back if needed	<input type="checkbox"/>	<input type="checkbox"/>
I did not phone	<input type="checkbox"/>	<input type="checkbox"/>
Your Impression of the Doctor (Over the Phone):		
Friendly and attentive	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>
Informative	<input type="checkbox"/>	<input type="checkbox"/>
Your Impression of The Doctor (In Person):		
Introduced himself	<input type="checkbox"/>	<input type="checkbox"/>
Listened to what I said	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear advice	<input type="checkbox"/>	<input type="checkbox"/>
Answered all my questions	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel valued	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>
Your Impression of Our Website:		
I visited the website	<input type="checkbox"/>	<input type="checkbox"/>
I found the website to be helpful & resourceful	<input type="checkbox"/>	<input type="checkbox"/>
I printed out any necessary forms ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
I registered to be a member and/or to receive free newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Additional Questions:		
Was your waiting time for an appointment reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel our fee is reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Will you recommend us to others?	<input type="checkbox"/>	<input type="checkbox"/>
If you marked "No" please explain _____		

What suggestions do you have for improving the office, staff or procedures?

Please complete the following information (your privacy is 100% assured):

Name: _____

Email: _____

Phone: _____