

Patient Satisfaction Survey



In order that we may better serve our patients, would you please take a few moments to rate our service?

DURING YOUR APPOINTMENT:

	Very Good	Good	Fair	Poor	Very Poor
1. The registration process was speedy.					
2. The registration staff was courteous to you.					
3. The length of time in the Facility waiting room was acceptable.					
4. Your Care Provider was courteous/friendly/helpful.					
5. Your Care Provider explanations about the procedure/treatments before initiating them.					
6. Your Care Provider showed concern for your questions or worries.					
7. Your Care Provider made efforts to include you in decisions about your treatment.					
7. Your Care Provider informed you regarding medications given (if any).					
8. Your Care Provider reviewed your home medication list with you.					
9. Your Care Provider offered instructions/explanations in words you could understand.					
10. Your Care Provider provided an adequate amount of time spent with you.					

OTHER:

1. What did you like most about the Facility?

2. What did you least like about the Facility?

3. How did you learn about the Facility?

4. Were there any problems that you did not anticipate?

5. Did you identify quality of care or safety concerns?

Yes No

Describe:

6. Was your recovery period what you expected?

Yes No

7. How might we improve in the area of patient safety?

8. Please give us suggestions on how we might improve our service:

Name (Optional):

Procedure Date (Optional):

Thank you for using our services.