

Patient Satisfaction Survey

All responses will be kept confidential and anonymous.

Please mark how well you think we are doing in the following areas:	Excellent	Good	Neutral	Fair	Poor
Ease of getting care:					
Ability to be seen by a healthcare professional					
Hours of availability					
Convenience of location					
Communication via phone or email					
Waiting:					
Time in waiting room					
Staff:					
Do you feel that the healthcare professional listened to your concern and needs					
Do you feel that the healthcare professional spent enough time with you during your visit					
Did you receive education regarding illness and medications					
Did you feel you received good advice and treatment					
Facility:					
Neat and clean building					
Ease of finding where to go					
Comfort					
Privacy					
Confidentiality:					
Keeping my personal information private					
The likelihood of referring your friends and relatives to us:					
Based on your experience, are you likely to continue treatment with this provider					
		Yes ____		No ____	

What did you like best about your visit? _____

What did you like least about your visit? _____

Suggestions for improvement? _____

Thank you for completing our Survey!