

PATIENT SATISFACTION SURVEY

Would you take a moment to answer these questions?

1. Was your appointment time convenient for you?
 Yes No
2. Were you seen by the doctor or nurse practitioner in a timely fashion? Yes No
3. Were your diagnosis and treatment plan explained to you carefully? Yes No
4. Were your questions answered thoroughly? Yes No
5. Did the care you receive meet your expectations? Yes No
6. How would you rate the overall quality of your care?
 Excellent Good Poor
7. How would you rate the helpfulness of our staff?
 Excellent Good Poor
8. How would you rate the warmth and friendliness of the doctor and staff? Excellent Good Poor
9. Would you refer a friend or loved one to our care?
 Yes No
10. Whom were you seen by: Doctor Nurse Practitioner

Additional comments: (How can we improve our services? Please use additional paper if necessary.)

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