

Patient Questionnaire

In an effort to assure quality patient care in our facility, we would appreciate your completing the following questionnaire and returning it to us.

YES NO

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Were our phones answered quickly and professionally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you were on hold, was the hold time reasonable? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Were you provided with insurance information, appointment information, and instructions to the office when you called our office? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Were you greeted promptly and courteously upon your arrival to our office? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Did you find our forms easy to complete? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Did you find the forms too lengthy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Was the staff helpful and courteous during the check-in process? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Was the staff helpful and courteous during your check-out process? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | If you had a copayment or deductible, was the reason for the amount you had to pay explained to you in a satisfactory manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Were all your insurance questions answered competently and politely? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Did the Physician discuss your condition/procedure to your satisfaction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Were you well-informed of the date and time of your appointment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Did the appointment begin at the scheduled time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Was the environment comfortable, organized and clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Did the staff make themselves available to answer your questions and explain procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Did you receive your prescriptions (if any) as discussed during the exam? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Were there any problems you did not anticipate? |

Explain: _____

(Continued on next page)

Patient Questionnaire (continued)

18. Which did you and your family find most informative?
 Staff members Brochures Web site

19. On the day of your visit:

a. What did you like best? _____

b. What did you like least? _____

20. How might we improve? _____

Please Rate the Following

Excellent

Average

Deficient

_____	_____	_____	1.	Courtesy of the Staff
_____	_____	_____	2.	Professionalism of the Staff
_____	_____	_____	3.	Efficiency of the Staff
_____	_____	_____	4.	Clarity of Instructions Given
_____	_____	_____	5.	Effectiveness of Post-operative Teaching
_____	_____	_____	6.	Explanation of Costs and Insurance Coverage

Date of Office Visit: ____ / ____ / ____

Name (Optional): _____

***Thank you for your comments.
Please return questionnaire to the office.***