

Patient Satisfaction Survey

Dear Patient: Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients. We'd like to know how you feel about our medical services, our patient-handling systems, and our physicians and staff members. Your comments will help us evaluate our operations so we can ensure that we are truly responsive to your needs. Thank you for your help.

PLEASE RATE THE FOLLOWING:	F 11 .	Very	G 1	г.	D	Not
A. YOUR APPOINTMENT	Excellent	Good	Good	Fair	Poor	Applicable
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment availability	5	4	3	2	1	N/A
3. Efficiency of the check-in process	5	4	3	2	1	N/A
4. General knowledge/competence of the reception area staff	5	4	3	2	1	N/A
5. Waiting time in the reception area	5	4	3	2	1	N/A
6. Waiting time in the exam room	5	4	3	2	1	N/A
7. Notification if your appointment time was delayed	5	4	3	2	1	N/A
8. Ease of getting a referral when you need one	5	4	3	2	1	N/A
9. Privacy: how well your privacy was considered	5	4	3	2	1	N/A
B. OUR STAFF						
1. Courtesy of the person who took your call	5	4	3	2	1	N/A
2. Friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. Quality of care of medical assistants	5	4	3	2	1	N/A
4. Helpfulness of the people in our billing office	5	4	3	2	1	N/A
C. OUR COMMUNICATION WITH YOU						
1. Promptness answering phone calls	5	4	3	2	1	N/A
2. Availability of medical information/advice by telephone	5	4	3	2	1	N/A
3. Explanation of your procedure (if applicable)	5	4	3	2	1	N/A
4. Reporting test results in a reasonable amount of time	5	4	3	2	1	N/A
5. Effectiveness of our health information materials	5	4	3	2	1	N/A
6. Ability to return your calls in a timely manner	5	4	3	2	1	N/A
7. Keeping you informed of doctor delays	5	4	3	2	1	N/A
8. Response time of staff to your comfort and care during	5	4	3	2	1	N/A
doctor delays						
9. Ability to contact us after hours	5	4	3	2	1	N/A

Please complete the other side.

Excellent Good Good Fair Poor Application		Very					Not
1. How well the doctor listened to you 2. Satisfaction with answers to your questions 3. Quality of interaction with the doctor 5. 4 3 2 1 2 3 2 1 2 4 3 2 1 2 5 2 1 2 5 3 2 1 2 5 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 2 1 2 2 2 1 2 2 2 2		Excellent	•	Good	Fair	Poor	Applic
2. Satisfaction with answers to your questions 3. Quality of interaction with the doctor 4. Explanation of treatment options 5. Doctor's instructions regarding medication/follow-up care 5. Doctor's instructions regarding medication/follow-up care 5. Thoroughness of the initial visit examination 5. Thoroughness of the initial visit examination 7. Satisfaction of treatment prescribed by your doctor E. OUR FACILITY 1. Appearance of the office 2. Convenience of hours of operation 3. Overall comfort 5. Signage and directions 5. Signage and directions 6. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? Yes No 16 no, please tell us why: 17 Can be a support of the office? 18 Physician referral 19 Friend or family member referral 10 Circle one: Harnet Newspaper Magazine 10 Chiropractor referral 11 Fround the doctor in my medical plan's provider listing 11 Coday's Date: 12 Deffice you visited (Please Circle One):	D. YOUR VISIT WITH THE DOCTOR						
3. Quality of interaction with the doctor 4. Explanation of treatment options 5. Doctor's instructions regarding medication/follow-up care 5. Doctor's instructions regarding medication/follow-up care 6. Thoroughness of the initial visit examination 7. Satisfaction of treatment prescribed by your doctor 7. Satisfaction of treatment prescribed by your doctor 8. OUR FACILITY 1. Appearance of the office 9. Convenience of hours of operation 9. Overall comfort 9. Convenience of hours of operation 9. Signage and directions 9. Signage and directions 9. Ves 9. No 11 no, please tell us why: 12. H. How did you find out about this office? (Please check one.) 13. Physician referral 14. Friend or family member referral 15. Circle one: Internet Newspaper Magazine 15. Circle one: Internet Newspaper Magazine 15. Chiropractor referral 15. Circle one: Internet Newspaper Magazine 15. Convenience of family member referral 15. Circle one: Internet Newspaper Magazine 15. Convenience of family member referral 15. Circle one: Internet Newspaper Magazine 15. Convenience of family member referral 16. Thorough the doctor in my medical plan's provider listing 16. Today's Date: 17. Office you visited (Please Circle One):	How well the doctor listened to you	5	4	3	2	1	N
4. Explanation of treatment options 5. Doctor's instructions regarding medication/follow-up care 5. Doctor's instructions regarding medication/follow-up care 6. Thoroughness of the initial visit examination 7. Satisfaction of treatment prescribed by your doctor 7. Satisfaction of treatment prescribed by your doctor 8. OUR FACILITY 9. Appearance of the office 9. Convenience of hours of operation 9. Overall comfort 9. Convenience of hours of operation 9. Convenience of operation 9. Convenience of operation 9. Convenience of o	2. Satisfaction with answers to your questions	5	4	3	2	1	N
5. Doctor's instructions regarding medication/follow-up care 6. Thoroughness of the initial visit examination 7. Satisfaction of treatment prescribed by your doctor 7. Satisfaction of treatment prescribed by your doctor 8. OUR FACILITY 1. Appearance of the office 9. 4 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Quality of interaction with the doctor	5	4	3	2	1	N
6. Thoroughness of the initial visit examination 5 4 3 2 1 P. 7. Satisfaction of treatment prescribed by your doctor 5 4 3 2 1 P. 8. OUR FACILITY 1. Appearance of the office 5 4 3 2 1 P. 2. Convenience of hours of operation 5 4 3 2 1 P. 3. Overall comfort 5 4 3 2 1 P. 4. Parking 5 4 3 2 1 P. 5. Signage and directions 5 4 3 2 1 P. 5. Signage and directions 5 4 3 2 1 P. 6. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? Yes No If no, please tell us why: G. If there is any way we can improve our services to you, please tell us about it: H. How did you find out about this office? (Please check one.) Physician referral Friend or family member referral Circle one: Internet Newspaper Magazine Pease specify web site/newspaper: Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	4. Explanation of treatment options	5	4	3	2	1	N
F. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? F. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? G. If there is any way we can improve our services to you, please tell us about it: H. How did you find out about this office? (Please check one.) Physician referral Priend or family member referral Circle one: Internet Newspaper Magazine Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	5. Doctor's instructions regarding medication/follow-up care	5	4	3	2	1	N
E. OUR FACILITY 1. Appearance of the office 2. Convenience of hours of operation 3. Overall comfort 4. Parking 5. Signage and directions 5. 4 3 2 1 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	6. Thoroughness of the initial visit examination	5	4	3	2	1	N
1. Appearance of the office	7. Satisfaction of treatment prescribed by your doctor	5	4	3	2	1	N
2. Convenience of hours of operation 5 4 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E. OUR FACILITY						
3. Overall comfort 4. Parking 5 4 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. Appearance of the office	5	4	3	2	1	N
4. Parking 5 4 3 2 1 No. 5. Signage and directions 5 4 3 2 1 No. F. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? Yes No. If no, please tell us why: G. If there is any way we can improve our services to you, please tell us about it: H. How did you find out about this office? (Please check one.) Physician referral Friend or family member referral Circle one: Internet Newspaper Magazine Pease specify web site/newspaper: Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	2. Convenience of hours of operation	5	4	3	2	1	N
F. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? Yes No If no, please tell us why:	3. Overall comfort	5	4	3	2	1	N
F. WOULD YOU RECOMMEND THE DOCTOR TO OTHERS? Yes No If no, please tell us why: G. If there is any way we can improve our services to you, please tell us about it: H. How did you find out about this office? (Please check one.) Physician referral Friend or family member referral Circle one: Internet Newspaper Magazine Pease specify web site/newspaper: Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	4. Parking	5	4	3	2	1	N
G. If there is any way we can improve our services to you, please tell us about it: H. How did you find out about this office? (Please check one.) Physician referral Friend or family member referral Circle one: Internet Newspaper Magazine Pease specify web site/newspaper: Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	5. Signage and directions	5	4	3	2	1	N
Physician referral Friend or family member referral Circle one: Internet Newspaper Magazine Pease specify web site/newspaper: Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Diffice you visited (Please Circle One):	G. If there is any way we can improve our services to you, please tell u	s about it:					
Chiropractor referral Found the doctor in my medical plan's provider listing Today's Date: Office you visited (Please Circle One):	Physician referral Friend or family member referral	iv wah sita/	nawanan	ne:			
Office you visited (Please Circle One):	Chiropractor referral Found the doctor in my medical plan's provider listing	y web site.	newspap				_
		West Yarmouth			M	<i>Iashpee</i>	