

Office Visit Patient Survey

We are constantly trying to improve how we serve our patients. To help us do this, we would like you to take 2 or 3 minutes and evaluate the experience you had during your recent visit to our office. Your frank and honest opinions will be of great value to us.

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1. Patient:

[Personalized Data]

2. Date of visit

[Personalized Data]

| ۷. | Date of visit | [i ersonalized Data] | | | | | | |
|-----|--|----------------------|--------------|------------|------|------------|------------|--|
| B) | APPOINTMENT SCHEDULING | | | | | | | |
| | | Excellent | Very Good | Good | Fair | Poor | N/A | |
| 1. | How was the staff's willingness to work with your schedule? | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. | How was the clarity of directions to the office? | \bigcirc | | \bigcirc | | \bigcirc | \bigcirc | |
| 3. | How was the time between your call to schedule an appointment and your appointment date? | 0 | \circ | 0 | 0 | | 0 | |
| | | | Yes | | | No | | |
| 4. | Did you receive a timely reminder to call our office for a recall appointment? | | 0 | | | 0 | | |
| 5. | Does the staff call you regularly to confirm an appointment? | | 0 | | | \circ | | |
| | | Excellent | Very Good | Good | Fair | Poor | N/A | |
| 6. | Was our scheduler professional, courteous and helpful? | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | Yes | | | No | | |
| 7. | Was scheduling an appointment quick and easy? | | \bigcirc | | | | | |
| | | Excellent | Very Good | Good | Fair | Poor | N/A | |
| 8. | Rescheduling my appointment was easy, and staff was accommodating. | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. | How was the wait time in the office? | \bigcirc | | | | \bigcirc | \bigcirc | |
| 10. | The comfort, cleanliness and amenities of the reception area. | | \bigcirc | \circ | | | \bigcirc | |