

PATIENT QUESTIONNAIRE

You can help us help you more efficiently by taking a few minutes to answer the following questions:

1. Was this your first visit to our office? Yes No
If not, comment. _____
2. Was the reception area quiet and comfortable? How could it be improved if at all? Yes No

3. Were you seen at the appointed time? Yes No
If not, how long did you have to wait? _____
4. Did you feel the doctor was genuinely concerned for your treatment and well-being? Yes No
5. Did the doctor adequately explain your problem and the treatment you could expect? Yes No
6. Was our staff helpful and courteous? Yes No
7. Did the nurse, receptionist, etc., explain procedures to you clearly? Yes No

Please note your additional comments and suggestions here:

Thank you for completing this survey. Your comments will be carefully considered and used to improve the efficiency and quality of our services.