

We Care! Survey

Patient Name (Optional)

Date

We would like your opinion! We strive to make every visit a pleasant one and you can help. We would like to hear about your experience when you visited our office. Please take some time and help us reach our goal in patient satisfaction. Some of the questions may not apply to you; please just skip over them. Fax your experience to us at **(910) 222-6551** or mail back in the enclosed envelope. **We do care!**

Rating Scale: A = Excellent B = Good C = Acceptable D = Needs Improvement

Appointment

- A B C D 1) If you were put on hold to speak with the appointment secretary, please rate your time on hold.
- A B C D 2) When you made your appointment, rate the secretary on caring & understanding of your needs.
- A B C D 3) Rate the appointment date that you were given.....how long did you wait to see the phys? (ex. 1 wk, 2 wks)

Check In

- A B C D 1) Rate the receptionist on courteousness & helpfulness with collecting your demographic & insurance info.
- A B C D 2) Rate your wait time in the lobby for the physician once registered.
- A B C D 3) Rate the cleanliness and comfort of the lobby.

Nurse

- A B C D 1) Rate the nurse on courteousness and professionalism when you were called back to the exam room.
- A B C D 2) Rate the nurse on understanding why you were here for your appointment.
- A B C D 3) How would you rate the cleanliness of our exam room?

Physician

- A B C D 1) How thorough was your examination?
- A B C D 2) Did you feel the physician understood your complaint and gave you time to ask questions?
- A B C D 3) Rate the physician's response to any questions you may have had.

Diagnostic Testing

(circle all that apply) Hearing Test Allergy Test Sinus CT

- A B C D 1) If you had a hearing test, allergy test or CT scan performed in our office, rate your wait time for the test.
- A B C D 2) Rate the audiologist on being professional and answering any questions you had about the hearing test.
- A B C D 3) Rate the results of any test you had; did you feel they were explained clearly so that you could understand?

Surgery

- A B C D 1) Rate the surgery coordinator on being helpful with questions that you had about your surgery.
- A B C D 2) Rate the surgery coordinator on how she explained the facility where your surgery would be taking place.
- A B C D 3) Rate the date and time that the surgery was scheduled.....did it meet your needs?

Check Out/Insurance

- A B C D 1) Rate the checkout receptionist on courteousness and helpfulness.
- A B C D 2) If a return appointment was made, rate the date & time you were given.....was it convenient for you?
- A B C D 3) If you had insurance questions, rate the insurance specialist on courteousness and knowledge of your ins.

Triage Nurse

- A B C D 1) How was your wait time on the phone for the triage nurse?
- A B C D 2) How do you feel the triage nurse understood your medical complaint?
- A B C D 3) How was your wait time for a reply from the physician or nurse regarding your medical complaint?

Comments: