

PIONEER FAMILY PRACTICE-Patient Satisfaction Survey 2016

Name of the doctor you usually see: _____

We are interested in receiving your feedback about the care provided at our office.

Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

PLEASE ANSWER CONSIDERING THE LAST 12 MONTHS OF YOUR CARE WITH OUR CLINIC WHEN RESPONDING TO THESE QUESTIONS

PLEASE RATE THE FOLLOWING: (for the last 12 months)	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
YOUR APPOINTMENT						
1. Ease of making appointments for checkups (Physical exams, well visits, routine follow-ups)	5	4	3	2	1	N/A
2. Getting care for illness/injury as soon as you need it	5	4	3	2	1	N/A
3. Office staff's respect toward you and anyone with you	5	4	3	2	1	N/A
4. The check in process (friendliness, helpfulness)	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
OUR COMMUNICATION WITH YOU						
7. The time it takes someone from our office to respond when you call the office with an urgent problem	5	4	3	2	1	N/A
8. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
9. The helpfulness of our billing staff	5	4	3	2	1	N/A
YOUR VISIT WITH THE PROVIDER: (Doctor, Nurse Practitioner)						
10. Overall medical care at your doctor's office	5	4	3	2	1	N/A
11. The personal manner (courtesy, respect, sensitivity, friendliness) of the provider you saw	5	4	3	2	1	N/A
12. The technical skills (thoroughness, carefulness, competence) of your provider	5	4	3	2	1	N/A
13. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
14. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A
OUR FACILITY						
15. Our office's appearance (cleanliness, comfort, noise level)	5	4	3	2	1	N/A
16. Our office hours	5	4	3	2	1	N/A

17. In the last 12 months, how many times have you gone to the Emergency Room or Urgent Care

18. In the last 12 months, how many times have you visited our website

None	1 time	2 times	3 or more

If you'd like to add any additional comments: _____

Please also visit Healthgrades.com and Vitals.com to leave reviews of your provider visit.

The above information is very helpful for our clinic to evaluate making changes to better care for you and your family.

Thank you so much for taking the time today to help.