



We hope that you had a pleasant experience in our facility today. We would greatly appreciate it if you would take a moment to share your impressions of our practice before you leave today.

If you would like to fill this sheet out later & mail it back to us, ask at the front desk and we will supply you with a stamped envelope.

We are always striving to provide you outstanding service and your feedback helps us do that.

DATE (MM/DD/YY): _____

Provider(s) Seen: _____

Other Staff members who assisted you today: _____

A - Exceeds your expectations B - Meets your expectations C - Needs improvement

- | | | | |
|---|------------------------------|-----------------------------|----------------------------|
| 1. Your overall experience in our office today | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 2. Flexibility in arranging appointments | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 3. Handling of your phone calls and scheduling your visit | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 4. Explanation of diagnoses, treatment &/or procedures | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 5. Explanation of Follow up Plan was clear | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 6. Courteousness and concern of Receptionists | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 7. Courteousness and concern of Medical Assistant | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 8. Courteousness and concern of your Provider | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 9. Professionalism of Medical Assistant | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 10. Professionalism of Provider | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 11. The quality of the services we provide | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 12. The value of the services we provide | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 13. If you paid a Fee today: | | | |
| A. Courteousness & Professionalism of Collection | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| B. Explanation of Fee was clear | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| 14. Would you recommend our office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

15. We would appreciate any other comments you may have about your experience in our office today. Please share them here:

Thank you for your input!

Please return this comment sheet to the box in the waiting room.

Appointment Comment Sheet

Please fill out this short survey about your experience today!