

**PATIENT QUESTIONNAIRE**

In an effort to assure quality patient care in our facility, we would appreciate your completing the following questionnaire and returning it to us.

Yes No

- 1. Did the Provider discuss your condition/procedure to your satisfaction?
- 2. Were you well informed of the date and time of your appointment?
- 3. Did the appointment begin at the scheduled time?
- 4. Was the environment comfortable, organized and clean?
- 5. Did the staff make themselves available to answer your questions and explain procedures?
- 6. Did you receive your prescriptions (if any) as discussed during the exam?
- 7. Were there any problems you did not anticipate?  
Explain: \_\_\_\_\_
- 8. Which did you find most informative?  
 Staff Members       Brochures
- 9. On the day of your visit:  
a. What did you like best? \_\_\_\_\_  
b. What did you like least? \_\_\_\_\_
- 10. How might we improve our services to you? \_\_\_\_\_  
\_\_\_\_\_

**Please Rate the Following**

Excellent	Average	Deficient	
_____	_____	_____	A. Courtesy of the Staff
_____	_____	_____	B. Professionalism of the Staff
_____	_____	_____	C. Efficiency of the Staff
_____	_____	_____	D. Clarity of Instructions Given
_____	_____	_____	E. Effectiveness of Post-Operative Teaching
_____	_____	_____	F. Explanation of Costs and Insurance Coverage

Name (optional): \_\_\_\_\_

**Thank you for your comments. Please return questionnaire to the office in the prepaid envelope.**