



Thank you for choosing our office and putting your trust in us. Your care and comfort are our number one concern. Please take a few moments to fill out the brief questionnaire below and place it in the box at the front counter. This will enable us to be certain you are receiving the best care possible. Your opinion is very important to us. Thank you in advance for your assistance.

<b>Please rate the following:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Telephone contact with our office . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office comfort, ease of use and cleanliness . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff courtesy to you and your family . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff concern for your privacy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers to your billing and insurance questions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse explanation and answers to your questions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician answers to your questions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office service and quality . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
Were you seen at your scheduled appointment time? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

If not, how long did you wait? \_\_\_\_\_

	<input type="checkbox"/>	<input type="checkbox"/>
Would you refer a friend to our office? . . . . .		

How did you hear about us? \_\_\_\_\_  
 \_\_\_\_\_

What did you like about our office? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How or what could we improve? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_