



PACIFIC ARTHRITIS

 CARE CENTER

 Patient Satisfaction Survey

Dear Patient,

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience, and satisfaction, as well as the very best medical care to all our patients. So we'd like to know how you feel about our medical services, our patient handling systems, and our staff.

Please give your completed survey to the receptionist as you check out at the front window. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. We appreciate your input.

- | | |
|--|---|
| 1. How were you referred to our practice?
A. Friend/family member
B. Physician referral
C. Company medical plan
D. Other _____ | 2. What was it about our practice that attracted you?
A. Your reputation for quality medical care
B. Convenience of your hours and/or location
C. Cost-value consistency
D. Other _____ |
|--|---|

3. How satisfied are you with the following?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Convenient appointment times?	a	b	c	d
Waiting times acceptable to you:				
In the doctor's reception area?	a	b	c	d
In the exam room?	a	b	c	d
Receiving timely calls for abnormal labs?	a	b	c	d
Our receptionist is friendly and courteous?	a	b	c	d
Care provided by our staff?	a	b	c	d
Answers to your questions about insurance?	a	b	c	d
Your doctor answering your questions?	a	b	c	d
Your doctor spending enough time with you?	a	b	c	d
The comfort of our facilities?	a	b	c	d
Adequate parking?	a	b	c	d
Reasonable charges?	a	b	c	d
Our hours convenient for you?	a	b	c	d
Our office convenient to your home/office?	a	b	c	d

4. What is your overall rating of our practice? Excellent Good Fair Poor

5. Would you recommend our office to a family member or friend? Yes No
 Why/why not?

6. Name of current health insurance plan, if any:

7. If you are dissatisfied with any aspect of our services, please tell us about it:
