

## Patient Survey

**1. Rate your ability to get in to be seen.**

Excellent    Very Good    Good    Fair    Poor

**2. Did you have to wait past your appointment time to be seen?**

No    15-30 mins    30-45 mins    Over 45 mins

**3. Rate your experience with this healthcare provider.**

Excellent    Very Good    Good    Fair    Poor

**4. Rate the amount of time you spent in the exam room.**

Excellent    Very Good    Good    Fair    Poor

**5. Explanation of information in a way you could understand.**

Excellent    Very Good    Good    Fair    Poor

**6. Courtesy and professionalism of nursing staff toward you and your family member/care giver**

Excellent    Very Good    Good    Fair    Poor

**7. Level of personal interest and care you received from your doctor.**

Excellent    Very Good    Good    Fair    Poor

**8. Cleanliness and comfort of the facility**

Excellent    Very Good    Good    Fair    Poor

**9. Your overall experience and the care you received at our facility**

Excellent    Very Good    Good    Fair    Poor

**10. The efficiency of the check in and check out process**

Excellent    Very Good    Good    Fair    Poor

**11. What did you like most about our office?**

**12. What did you like least about our office?**

**13. Would you recommend this facility to your family and friends?**

**14. Please list any other comments or suggestions to help improve the efficiency of our practice**

**15. Type of procedure:**

Office Visit                      Ultrasound  
Radio Frequency                Sclero

**Service Date:** \_\_\_\_\_

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

**Provider Seen:** \_\_\_\_\_